

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back a well. Use "APPLICATION FOR PERMIT-" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO. NM-7448
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME N/A
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.		8. FARM OR LEASE NAME Chijulla 22
3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112-5116		9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 720' FS1 & 660' FWL (SW SW) Section 22-T21N-R2W		10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos
		11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA SW SW 22-T21N-R2W
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, FT, GR, etc.) 7396' GR	12. COUNTY OR PARISH 13. STATE Sandoval NM

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16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDISING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Production Status Report</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The above mentioned well will produce 2 days per month until further notice.

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OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED Nancy McDonald TITLE Compliance Administrator DATE 6/1/87

(This space for Federal or State office use) ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE JUN 05 1987

CONDITIONS OF APPROVAL, IF ANY: _____

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*See Instructions on Reverse Side

NMOCG