| Form 3160-5 (November 1983) (Formerly 9-331) | UNITED S | | SUBMIT IN TRIPLICAT | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARE DESIGNATION AND SERIAL NO. |
|--|--|---|---|--|
| BUREAU OF LAND MANAGEMENT | | | | NM-7765 |
| SUNDS (Do not use this for U | RY NOTICES AND m for proposals to drill or m "APPLICATION FOR PE | REPORTS to deepen or plug RMIT—" for such | ON WELLS back to a different reservoir. proposals.) | 6. IF INDIAN, ALLOTTED OR TRIBE NAME |
| 1. OIL V GAS | | | | 7. UNIT AGREEMENT NAME |
| WELL LAJ WELL LJ OTHER 2. NAMB OF OPERATOR | | | | 8. FARM OR LEASE NAME |
| Gary-Williams Oil Producer, Inc. c/o Ned Dollar, Agent | | | | Johnson 4 |
| P. O. Box 399 | Aztec NM 87410 |) | | #14 |
| See also space 17 below.) | | | | 10. FIELD AND POOL, OR WILDCAT |
| 860' FSL & 1650' FWL Section 4, 120N. R.W. ED | | | | Undesignated Gallup 11. suc., T., E., N., OR BLEK. AND BURYEY OR ARMA |
| | , * | | NOV 51984 | Section 4. T2ON-R2W. |
| 14. PERMIT NO. | 15. BLEVATION | rs (Show whether | DORTHAND MANAGEMENT GTON RESOURCE AREA 8' GR | 12. COUNTY OR PARISE 18. STATE |
| | | _ | | Sandoval NM |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or C | | | | |
| TEST WATER SHUT-OFF | PULL OR ALTER | CASING | WATER SHUT-OFF | SQUENT REPORT OF: |
| PRACTURE TREAT | MULTIPLE COMP | I.ETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE REPAIR WELL | ABANDON* CHANGE PLANS | | SHOOTING OR ACIDIZING Shut-In | ABANDONMENT [®] |
| (Other) | The second secon | | Completion or Recor | its of multiple completion on Well apletion Report and Log form.) es, including estimated date of starting any |
| 11-05-84 | road from Highw | ay #197 to | it in during the winto Johnson 4 #14 will ! within 5 days | be closed. |
| | | | | |
| | | | | PECEIVEN |
| | | | • | M D |
| | | | | NOV 2 6 1984 |
| | | | | OIL CON. DIV. |
| / | | | | DIST. 3 |
| | | | | |
| | | | • | V |
| 18. I hereby certify that the | foregoing is true and corre | ect TITLE | Agent | AP√PR®VE[|
| (This space for Federal | or State office use) | | | NOV 0 8 1984 |
| APPROVED BY | DVAL, IF ANY: | TITLE | | BOLTMAT MILLENBACH |
| | | | | M. MILLENBACH AREA MANAGER |

*See Instructions on Reverse S