

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-29168	
2. NAME OF OPERATOR The Gary-Williams Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 370 17th Street, Suite 5300, Denver, CO 80202		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 677' FEL & 2000' FSL (NE SE) Section 29-T21N-R3W		8. FARM OR LEASE NAME Tayler 29	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether SP, ST, CR, etc.) 6954' GR		10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos	
		11. SEC., T., R., M., OR R.L.E. AND SURVEY OR AREA NE SE 29-T21N-R3W	
		12. COUNTY OR PARISH Sandoval	13. STATE NM

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 ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Request Long-Term Shut In <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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 Gary-Williams Company respectfully requests permission for long term shut in status for the above mentioned well. Continued depressed oil prices make this marginal well uneconomical to produce.

In the absence of an approved suspension of production, there may be a premature abandonment of the well and resulting loss of recoverable reserves.

RECEIVED  
APR 27 1990  
OIL CON. DIV.  
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED Nancy McDonald TITLE Administrative Assistant DATE 4/20/90

(This space for Federal or State office use)

APPROVED BY Paul Wood (Acting) AREA MANAGER  
TITLES RIO PUERCO RESOURCE AREA DATE APR 25 1990

CONSENTS OF APPROVAL, IF ANY:

APPROVAL EXPIRES DECEMBER 1, 1990.

\*See Instructions on Reverse Side  
NMOCD