

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-20903		
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A		
3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112	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 990 FEL and 1500 FSL (NE SE)	8. PARK OR LEASE NAME Penistaja 3		
RECEIVED JUL 23 1984 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	9. WELL NO. 9		
	10. FIELD AND POOL, OR WILDCAT Undesignated Gallup		
	11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA NE SE 3-20N-4W		
14. PERMIT NO.	15. ELEVATIONS (Show whether of top of hole, etc.) 6931' GL	12. COUNTY OR PARISH Sandoval	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

Correction for Completion Report  
(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.)\*

In the completion report for the above mentioned well, the producing interval was incorrectly listed as 4589'-4840'. The correct producing interval is: 4493'-4525'.

RECEIVED  
JUL 24 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED Ray Nager TITLE Operations Superintendent DATE July 12, 1984

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

JUL 23 1984

NMOCC  
\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA