

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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-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 <del>1600'</del> FSL and <del>990'</del> FEL SEction 3-20N-4W 1600 990		8. FARM OR LEASE NAME Penistaja 3
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show Elevation of Well Bottom and Surface) 6931' GR		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SE 3-20N-4W		12. COUNTY OR PARISH Sandoval
13. STATE NM		

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16. 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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) Liner	<input type="checkbox"/>		<input type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. SERVICE 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.)\*

5/8/84 Ran 27 Joints (1104.5') 4-1/2" liner with float shoe and landing collar at 4941'. Ran centralizers in middle of 1st joint and on top of 3rd joint.

5/9/84 Set liner. Could not get off liner. Filled liner with chemical wash. Set liner at 4975'. Cemented liner as follows: Preceded with 20 barrels chemical flush. Cemented with 160 cu/ft 50/50 pozmix containing 2% gel, 0.5% CFR-2, 10% salt, 1/4#/sx flocele, and 0.6% Halad-9. Bumped plug with 1400#. Released pressure. Held OK. Pick up and reverse tool out. Reversed out 57 barrels of oil in stock (test) tank and 38 cu/ft cement. Job complete at 10:30 a.m. 5/9/84. Rig released at 6:00 p.m. 5/9/84. Moving rig to new location.

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OIL CON. DIV.  
DIST. 3

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

SIGNED W.P. Marx

TITLE Operations Manager

DATE 5/10/84

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

MAY 17 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

S.M.W.