

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-24445	
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 115 Inverness Drive, East, Englewood, CO 80112		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with app. State requirements. See also space 17 below.) At surface 2107' FWL & 1789' FNL, Sec. 32-21N-R3W		8. FARM OR LEASE NAME Tayler 32	
RECEIVED JUN 07 1984 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		9. WELL NO. 6	
		10. FIELD AND POOL, OR WILDCAT San Isidro, Narco Ext Undesignated Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA se nw Sec. 32 T21N-R3W	
15. ELEVATIONS (Show whether DP, RT, GA, etc.) 6985' GR		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

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"/>	PULL 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) Set surface casing		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. WORKSHEP 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.)

Spud 5:15 p.m., June 1, 1984.

6/1/84 Drilled 13 3/8" hole to 230'. Ran 5 jts 9-5/8" 36# J-55 STC csg. Tally 199.60. Set @ 214' KB. Cemented w/200 Sks (236 cu ft). Class "B" cement w/2% CaCl₂. Plug down @ 3:00 a.m. 6/2/84. Circulated 10 sks (11 cu ft) to pit. Compressive strength in 12 hrs 555 psi @ 60° F. (furnished by Howco). Resumed operations @ 5:00 p.m. (14 hrs elapsed time). Pressure test csg and BOP to 1400 PSI for 30 minutes. Held.

RECEIVED
JUN 19 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Ray Hagen TITLE Operations Superintendent DATE 6/3/84
(This space for Federal or State office use) ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE JUN 18 1984
CONDITIONS OF APPROVAL, IF ANY:

NMOCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY Sum