

(NOVEMBER 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form 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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. LEASE DESIGNATION AND SERIAL NO. NM-24139
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.		8. 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 1980' FSL and 1980' FEL		8. NAME OF LEASE NAME San Isidro 16
14. PERMIT NO.		9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6792' GR		10. FIELD AND POOL, OR WILL-CAT Rio Puerco Mancos
		11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA NW SE 16-20N-3W
		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 checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Intermediate Casing		

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

17. USE SPACE 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 hole perti-
nent to this work.)

9/23/84 Ran 7", 23#, J-55, STC casing as follows: guide shoe at 3329.80', shoe joint centralized at mid joint, insert float at 3291.15' (top of shoe joint), centralizers at top of 2nd and 3rd joints and 4th & 5th joints, all metal cement basket at 538.41', centralizer on joint #7 (496.36'), canvas cement basket at 162.55'. Ran a total of 83 joints 7" casing (3317.30'), set at 3329.80' KB. Circulate 1 hour. Cemented with Howcc as follows: 20 barrels of mud flush, followed with 10 barrels scavenger slurry, 335 sx (747 cf) Howco lite containing 6% gel, .6% Halad-9, 12.5# sx gilsonite, and 10% salt. Followed with 150 sx (177 cf) Class B containing 1/2#/sx flocele, 2% CaCl₂. Displaced with 130 barrels of water at 6 barrels per minute. Bumped plug to 1500 psi, released, held OK. Circulate 70 sx (157 cf) of good cement to pit.

9/24/84 Compressive strength of cement: 4140 when operations were resumed after 18 hours.

RECEIVED

OCT 19 1984

OIL CON. DIV.

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

SIGNED Ray Hager
Ray Hager

TITLE Operations Superintendent

DATE 9/25/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE
OCT 18 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY sm