

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. N M 36096	
2. NAME OF OPERATOR The Gary-Williams Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. BOX 396 Cuba, N. M. 87013		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FWL 660' FNL, Sec. 12, T-20N, R-3W		8. FARM OR LEASE NAME SAN ISIDRO	
14. PERMIT NO.		9. WELL NO. 12-4	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6931' GR		10. FIELD AND POOL, OR WILDCAT RIO PUERCO MANCOS	
		11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA NW/NW Sec.12 T20N, R3W	
		12. COUNTY OR PARISH Sandoval	13. STATE N. M.

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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 checked="" type="checkbox"/>	(Other) _____	

(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 and 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 late 1986, referenced well suffered severe formation damage due to water invasion into the wellbore. Production dropped from 40 BOPD to 0 BOPD. An emulsion treatment in 1987 failed to regain oil production. The well does however flow sufficient Gas to operate the battery equipment for the mutual battery located, 1980' FEL 660' FNL Sec. 12, 20N 3W. Gas test conducted, 7-17-90 indicated sustained flow rate of 40.9 mcfd. Gas test witnessed by Rio Puerco BLM.

Pump Jack was removed for use on another lease.

**RECEIVED**  
AUG 08 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED <u>Ray Hagan</u>	TITLE <u>OPERATIONS SUPERINTENDANT</u>	DATE <u>7-25-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>AREA MANAGER</u>	DATE <u>8/1/90</u>
CONDITIONS OF APPROVAL, IF ANY:		

**NMOCD**

\*See Instructions on Reverse Side

SECRET

CONFIDENTIAL

SECRET