

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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-25611
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 any State requirements. See also space 17 below.) At surface 660' FNL and 1980' FEL section 25-21N-4W	8. FARM OR LEASE NAME Ceja Pelon 25
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7108' GR	10. FIELD AND POOL, OR WILDCAT Undesignated Gallup
16. BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW NE 25-21N-4W
	12. COUNTY OR PARISH Sandoval
	13. STATE NM

RECEIVED  
AUG 29 1984

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"/>		<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) Spud & Surface Casing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)			

17. IF WELL IS USED OR COMPLETELY OPERATIONAL (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.)

8/15/84 Well spud at 11:00 p.m.

Ran 9-5/8" casing as follows: guide shoe, shoe joint centralized at midjoint, insert float in top of shoe joint and 4 joints 9-5/8" casing (tally: 192.52'), set at 207' KB. Cemented with 200 sx (233 cf) Class B cement, 2% CaCl<sub>2</sub>, and 1/2#/sx flocele. Circulate 40 sx (47 cf) to pit. Plug down at 5:45 a.m. Compressive strength in 12 hours: 1675 psi at 80° (furnished by Howco).

SEP 24 1984

OIL CON. DIV.  
DIST. 3

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

SIGNED

Ray Hager

TITLE Operations Superintendent

DATE 8/16/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 20 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
RV Smm