

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
N M 44453

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
JOHNSON

9. WELL NO.
7-11

10. FIELD AND POOL, OR WILDCAT
RIO PUERCO MANCOS

11. SEC. T., R., M., OR B.L.K. AND SURVEY OR AREA
NE/SW Sec. 7-20N - 2W

12. COUNTY OR PARISH
Sandoval

13. STATE
N. M.

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 GAS WELL OTHER

2. NAME OF OPERATOR
The Gary-Williams Co.

3. ADDRESS OF OPERATOR
P. O. Box 396 -- Cuba, N. M. 87013

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2074' FSL, 1650' FWL, Sec. 7, T20N, R2W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7017 GR

RECEIVED
90 JUL 30 AM 11:06
C/O ALBUQUERQUE

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"/> |
| 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) Move Pump Jack <input 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 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.)*

Referenced well was Swab tested on 6-23-90 & 6-24-90. 100 BBL of 100% Oil were recovered in 8 Hrs. (Well has been SI for 5 years). Well would not flow while swabbing. SI for pressure buildup.

7-9-90 - SI pressures:

Tubing 0 PSI
Casing 370 PSI

Well blew down immediately but would not carry fluid to surface.

7-19-90:

Moved in and set pumping unit. Well is now capable of being returned to production when economics improve.

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

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

SIGNED Ray Hagin TITLE OPERATIONS SUPERINTENDANT DATE 7-25-90

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE AREA MANAGER DATE 8/1/90

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side