

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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-36936
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112-5116	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 1650' FNL and 1980' FEL (SW NE) Section 15-T2ON-R3W	8. FARM OR LEASE NAME San Isidro 15
	9. WELL NO. 7
	10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos
	11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA SW NE 15-T2ON-R3W
14. PERMIT NO.	12. COUNTY OR PARISH Sandoval
15. ELEVATIONS (Show whether SP, ST, CR, etc.) 6835' GR	13. STATE NM

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) Report 1st Oil <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 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.) *

The San Isidro 15, #7 well has been placed back on production. The 1st oil was produced on 7/11/87. Earl Beacher, Farmington BLM was notified verbally of this production on 7/14/87.

RECEIVED
BLM MAIL ROOM
07 JUL 20 AM 9:34
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JUL 23 1987
OIL CON. DIV.
DIST. 3

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

SIGNED Nancy McDonald TITLE Compliance Administrator DATE 7/17/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 22 1987

*See Instructions on Reverse Side
NMOCC

FARMINGTON RESOURCE AREA

BY PA3