

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 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
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 1650' FNL and 1980' FEL Section 15-20N-3W	8. FARM OR LEASE NAME San Isidro 15
	9. WELL NO. 7
	10. FIELD AND POOL, OR WILDCAT Rio Puerco Manños
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SW NE 15-20N-3W
14. PERMIT NO.	15. ELEVATIONS (Show whether on F.M. and M.D. and FARMINGTON RESOURCE AREA) 6835' GR
	12. COUNTY OR PARISH Sandoval
	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Spud & Surface Casing	

(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.)

8/6/84 Spud 13-1/2" hole at 7:15 p.m.  
Ran guide shoe, shoe joint (centralized at midjoint), insert float, and 11 joints 9-5/8" casing (total 12 joints, tally: 481.83'). Set at 494' KB. Float set at 454'. Cemented with 150 sx (498 cu ft) 65/35 pozmix, 12% gel, 10% salt, 6-1/4#/sx gilsonite, 0.6% Halad-9, and 1/2#/sx flocele. Followed with 100 sx (118 cu ft) Class B, 2% CaCl<sub>2</sub>, 100% returns. Circulate 25 sx (83 cu ft) to pit. Final pump pressure 250 psi. Bumped plug to 800 psi. Released pressure, held OK. Job complete at 6:45 a.m. 8/7/84. (Compressive strength in 12 hours 555 psi, in 24 hours 1450 psi. Furnished by Howco).  
Cement top is at the surface.

RECEIVED  
AUG 22 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED <u>Ray Hager</u>	TITLE <u>Operations Superintendent</u>	DATE <u>8/7/84</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD  
AUG 21 1984

NMOCC  
\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
BY Sm