

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-22028	
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc. c/o Ned Dollar (Agent)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 399 Aztec, NM 87410		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 990' FNL & 1650' FWL Section 13, T19N., R2W.		8. FARM OR LEASE NAME Mesa Portales 13	
14. PERMIT NO.		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6749' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NENW Section 13, T19N-26	
		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:

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 PLANS <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Spud Report	

(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.)*

8-30-84 Well was spudded at 6:00 PM.

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
SEP 7 1984
CL. GEN. ENV.
DIST. 3

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

SIGNED

[Signature]

TITLE

Agent

ACCEPTED FOR RECORD

DATE August 31, 1984

(This space for Federal or State office use)

APPROVED BY

TITLE

SEP 6 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

NMOCC

BY

*See Instructions on Reverse Side