

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.  
See 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.		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 990 FNL and 1650' FWL section 13-19N-2W		8. FARM OR LEASE NAME Mesa Portales 13	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether AT, TO, OR BELOW FARMINGTON RESOURCE AREA) 6749' GR		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup	
		11. SEC., T., R., E., OR NE. AND SURVEY OR AREA NE NW 13-19N-2W	
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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 Spud well at 6:00 p.m. 8/30/84. Ran 5 joints 9-5/8", 36#, J-55  
STC casing as follows: one guide shoe, 1 joint 9-5/8" with stop ring and centralizer, one float insert, and 4 joints 9-5/8" casing. Total of 211.95'. Set at 224.95'. Cemented as follows: 10 barrels water spacer, 200 sx (236 cf) of Class "B" Cement containing 2% CaCl<sub>2</sub> and 1#/sx floccle. 5.25 gallons water/sx and 15.60 ppg slurry weight. Circulate out 36 sx of cement to surface. Bump plug with 800 psi. Release pressure. Float did not hold. Pressure casing to 300 psi. Wait on connection 4 hours. Release pressure. No flow back. Compression strength of cement after 12 hours at 80°F is 580 psi.

RECEIVED  
SEP 07 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED W.P. Marx TITLE Operations Manager DATE 8/31/84  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 06 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA