

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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-23733	
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 660' FSL & 660' FEL (SE SE) Section 3-T20N-R3W		8. FARM OR LEASE NAME San Isidro 3	
14. PERMIT NO.		9. WELL NO. 16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6915' GR		10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE SE 3-T20N-R3W	
		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) Request Long Term Shut In Status <input checked="" 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 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.)*

Gary-Williams Oil Producer, Inc. respectfully requests permission to continue the suspension of production on the above mentioned well. Current depressed oil prices make this marginal well uneconomical to produce.

There are no known problems with the casing integrity due to the fact that the cement was circulated to surface and the casing is less than 5 years old. Because of the existing condition of the well, GWOP requests that the testing requirements be waived at this time.

In the absence of an approved suspension, there may be a premature abandonment of the well and resulting loss of recoverable reserves.

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

SIGNED Raney McDonald TITLE Compliance Administrator DATE 10/13/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 2 1987

CONDITIONS OF APPROVAL, IF ANY:

THIS APPROVAL DATES 6-12-88

*See Instructions on Reverse Side

NMOCC