

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-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'		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) <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) 1st Production	

(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 above mentioned well resumed production on August 3, 1988 at 4:30 p.m.

RECEIVED
BUT MAIL ROOM
88 AUG -8 PM 2:38
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
SEP 15 1988
OIL CON. DP
DIST 2

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

SIGNED Nancy McDonald TITLE Compliance Administrator DATE 8/5/88

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOHN M. ANDREWS, JR. TITLE for AREA MANAGER DATE SEP 07 1988
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side
NMOCD