

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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-44453	
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 660' FSL and 660' FEL section 6-20N-2W		8. FARM OR LEASE NAME Johnson 6	
14. PERMIT NO.		9. WELL NO. 16	
15. ELEVATIONS (Show whether on top of, or etc.) 7091' GR		10. FIELD AND POOL, OR WILDCAT Rio Puerco Callup <i>Mancoos</i>	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE SE 6-20N-2W	
		12. COUNTY OR PARISH Sandoval	13. STATE New Mexico

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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 type="checkbox"/>
(Other) <u>liner</u> <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.)*

11/12/84 Ran 50 joints 4 1/2", 11.6#, STC overall tally 1604.96'. Set 3388-4993 KB.

RU Halliburton. Pumped 20 bbls chemical wash. Followed with 115 sx (173 cf) 65/35 Class "B", 3% gel, 2#/sx gilsonite, 1#/sx flocele, 10% Calseal, 10% salt, 2% CaCl₂. Followed with 50 sx (89 cf) 65/35 Class "B", 3% gel, 12.5#/sx gilsonite, 1#/sx flocele, 10% Calseal, 10% salt, 2% CaCl₂. Bumped plug. Pressure to 1600 psi at 7:15 a.m. Released pressure. Plug held. Set liner, pack off. Reverse out 8 sx (12 cf) good cmt to pit. Job complete at 7:30 a.m. 11/13/84. Released rig at 12 noon 11/13/84.

RECEIVED
DEC 04 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Ray Hager
Ray Hager

TITLE Operations Superintendent

DATE 11/15/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

DEC 03 1984

FARMINGTON RESOURCE AREA

BY Sm

*See Instructions on Reverse Side