

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) 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1. OIL WELL GAS WELL OTHER DEC 03 1986

2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc. BUREAU OF LAND MANAGEMENT

3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112 FARMINGTON RESOURCE AREA

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
970' FSL and 2160' FWL Section 28-21N-4W

5. LEASE DESIGNATION AND SERIAL NO. NM-23230

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Ceja Pelon 28 (Previously Penistaja)

9. WELL NO. 14

10. FIELD AND POOL, OR WILDCAT Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA SE SW 28-21N-4W

12. COUNTY OR PARISH Sandoval

13. STATE NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, OR, etc.)
6992' GR, 7004' KB

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

RACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

RACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and 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.)*

11/25/86

MIRU. Trip in hole with 2-3/8" tubing for swab test. Tag fill unexpectedly at 5010.78' KB indicating 191.22' of fill in well bore. Pick up 2' off bottom. Check fluid level with depthometer. FL 4454' KB. (Volume between pipe and open hole 18.12 bbl). 1st pull, 94.5% green/brown oil est 30 gravity and 5.5% fines. Next pull 100' of fluid in tubing. Very little recovery to surface. Suspect plugged tubing. SD due to darkness.

11/26/86

POOH tubing. Tubing not plugged, but appeared to have been setting in soft fill. Trip in hole. Tag at 5010'. Pick tubing up 4'. Rig to swab to fluid. Install depthometer on sand line. Measure 478' from top of fluid to S/N. 1st pull recovered 0.67 bbl oil. 2nd pull, bridge in tubing 300' off bottom. RIH with sinker bar. Unable to knock out bridge. Swab well down to bridge. Wait 20 minutes, 50' of fluid entry. Made 3 additional swab runs with 20 minute waiting time between runs. Fluid entry 0.585 bbl per hour or 14.04 bpd. Received permission from BLM to curtail test due to winter storm warning. POOH tubing. Cap well. RD MO. Transferred recovered fluid from swab tank back down well bore via vacuum truck.

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

SIGNED Ray Hager TITLE Operations Superintendent DATE 12/1/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side