| Form 3160-5 (November 1983) (Formerly 9-331) | UNITED STATES DEPARTMENT OF THE INTERIBUREAU OF LAND MANAGEMENT DRY NOTICES AND REPORTS (| ON WELLS | Budget Bureau No. 1004 Expires August 31, 198 5. LEASE DESIGNATION AND BRAIN NM-23230 6. IF INDIAN, ALLOTTEE OR TRIB | AL NO. |
|---|--|---|---|-----------|
| (Do not use this | 7. UNIT AGREEMENT NAME | | | |
| OIL WELL OTHER OTHER DEC 08 1986 Gary-Williams Oil Producer, Inc. BUREAU OF LAND MANAGEMENT 115 Inverness Drive East, Englewood, CO 80112 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 970' FSL and 2160' FWL Section 28-21N-4W | | | 8. FARM OR LEASE NAME Ceja Pelon 28 (Previous) 9. WELL NO. Penistaja 14 10. FIELD AND POOL, OR WILDCAT Undesignated Gallup 11. EBC., T., B., M., OR BLE. AND SURVEY OR AREA SE SW 28-21N-4W | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether D | | Sandoval NM | |
| TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) REGUEST | MULTIPLE COMPLETE ABANDON* CHANGE PLANE FOR LONG Term Shut In R COMPLETED OPERATIONS (Clearly state all pertine well is directionally drilled, give subsurface loc | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp | BEFAIRING WELL ALTERING CABING ABANDONMENT* of multiple completion on Well letion Report and Log form. | eting and |

Gary-Williams Oil Producer, Inc. respectfully requests approval to temporarily shut in the Ceja Pelon 28, #14 well for an indefinite time period. Current depressed oil prices make this marginal well uneconomical to stimulate and produce.

Due to the fact that there are remaining reserves from the Gallup formation and significant hydrocarbon potential in shallower gas formations, a temporary shut in period is requested. Approval for temporary shut-in status for this well would prevent premature abandonment of recoverable hydrocarbon reserves.

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| S. I hereby certify that the foregoing is true and signed | TITLE Operations Manager | 12/4/86 | |
| (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE Frohelin | |
| ch & | *See Instructions on Reverse Side NMOCC | FASSACIONES CONTRACTOR DE LA CONTRACTOR | |