

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ **RECEIVED**
JUL 29 1985

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

3. ADDRESS OF OPERATOR
115 Inverness Drive East, Englewood, CO 80112-5116

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1900 FNL and 2250' FEL (SW NE) Section 26-T20N-R3W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
6984' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-25604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
San Isidro 26

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW NE 26-T20N-R3W

12. COUNTY OR PARISH 13. STATE
Sandoval NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/> Status <input type="checkbox"/>	

(Other) ☐ (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.)*

The above mentioned well is still recovering load. GWOP will submit a completion report when all load is recovered. At that time a decision will be made as to the future status of the San Isidro 26, #7.

RECEIVED
AUG 06 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Ray Hager TITLE Operations Superintendent DATE 7/24/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
AUG 21 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA