

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 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-A 44551 | |
| 2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc. c/o Ned Dollar, Agent | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 399 Aztec, NM 87410 | | 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 & 1980' FWL Section 34, T21N., R2W. | | 8. FARM OR LEASE NAME Chijuilla 34 | |
| | | 9. WELL NO. #14 | |
| | | 10. FIELD AND POOL, OR WILDCAT Undesignated Gallup | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | |
| 14. PERMIT NO. NOV 29 1985 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6930' GR | 12. COUNTY OR PARISH Sandoval | 13. STATE NM |

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

| BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA | | 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 PLANS <input type="checkbox"/> | (Other) Spud | |
| (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 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.)

11-27-85 Well was spudded at 7:00 PM—November 26, 1985.

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

| | | |
|--|--------------------|---------------------------|
| SIGNED <u>Ned Dollar</u> | TITLE <u>Agent</u> | DATE <u>Nov. 27, 1985</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY _____ | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side

NMOCC