

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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"/>  | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR<br>Gary-Williams Oil Producer, Inc. c/o Ned Dollar, Agent   | 8. FARM OR LEASE NAME<br>Chijulla 34                                  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 399, Aztec, NM 87410   | 9. WELL NO.<br>14   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FSL and 1980' FWL (SE SW) Section 34-T21N-R2W | 10. FIELD AND POOL, OR WILDCAT<br>Undesignated Gallup                 |
| 11. PERMIT NO.<br>DEC 12 1985   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>SE SW 34-T21N-R2W |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.)<br>6930' GR  | 12. COUNTY OR PARISH<br>Sandoval                                      |
|   | 13. STATE<br>NM   |

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

| BUREAU OF LAND MANAGEMENT ATTENTION TO: |                          | SUBSEQUENT REPORT OF:       |                                     |
|---|--------------------------|-----------------------------|-------------------------------------|
| TEST WATER SHUT-OFF                     | <input type="checkbox"/> | WATER SHUT-OFF              | <input type="checkbox"/>            |
| FRACUTURE TREAT                         | <input type="checkbox"/> | FRACUTURE TREATMENT         | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE                        | <input type="checkbox"/> | SHOOTING OR ACIDIZING       | <input type="checkbox"/>            |
| REPAIR WELL                             | <input type="checkbox"/> | (Other) Intermediate Casing | <input checked="" type="checkbox"/> |
| (Other)                                 | <input type="checkbox"/> |                             |                                     |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)\*

12/3/85 Rig up and run 7", 23#, J-55, STC casing as follows: guide shoe (1.1'), shoe joint centralized at midjoint and top collar (42.21'), insert float, and 89 joints 7" casing centralized 2nd collar down (3741.60'). (KB:13'). Casing set at 3797.91' KB.

Rig up BJ Titan and cement intermediate casing as follows: Circulate 20 minutes, good returns. Pump 16 barrels Hydrolyte with 250 scf N<sub>2</sub>/bbl. Pump 250 sx Class A (595 cf) containing 6% R6, .0075% FA-12 and 12,200 scf N<sub>2</sub>. Tail with 150 sx (175 cf) Class B with 2% A-7. Displace with 148 bbls water. Bump plug with 800 psi at 10:00 a.m. Had good returns. Plug held OK. Pump cap cement: 150 sx (193 cf) Class B with 10% A-3 and 3% A-7. Finish cap at 1 bpm, 300 psi. Displaced with 2 bw. Rig down BJ Titan. Nipple up blowout preventor. Rig up blooie lines. Waiting on cement. Trip in hole. Pressure test casing to 3000 psi for 30 minutes, held OK.

| STAGE | SX  | FT <sup>3</sup> | INTERVAL CMTD | COMP STR (12 HRS) |
|-------|-----|-----------------|---------------|-------------------|
| Foam  | 250 | 595             | 940'-2940'    | 500 psi           |
| Tail  | 150 | 175             | 2940'-3808'   | 1250 psi          |
| Cap   | 150 | 193             | Surface-940'  | 700 psi           |

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

SIGNED

Ray Hager  
Ray Hager

TITLE Operations Superintendent

DATE 12/5/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED  
DEC 16 1985

\*See Instructions on Reverse Side

NMOC

DIV 3