

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 62577
2. NAME OF OPERATOR Samual Gary Jr. & Associates		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1775 Sherman St. Suite 1925, Denver, Colo 80203		7. UNIT AGREEMENT NAME San Isidro
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 965' FSL, 1980 FWL Sec 31, T21N, R2W		8. FARM OR LEASE NAME Chijiulla
14. PERMIT NO.		9. WELL NO. 31-14
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 7222' GL		10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31, T21N, R2W
		12. COUNTY OR PARISH Sandoval
		13. STATE N. M.

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Request for alternate producing method	
(Other) <input type="checkbox"/>		(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.)

Gallup zone, 5329-5335, treated with jelled oil & sand. Swab test indicated that jell did not break. Diesel & Calcium Hydroxide treatment was unsuccessful in breaking jell.

Gallup zone 5236-4758, treated with foamed jelled crude/diesel mix & sand. Too much breaker was added causing extreme foam in recovered fluids creating an emulsion block.

Request permission to (1) allow wellbore pressure up. (2) Flow when sufficient pressure is obtained. (3) Repeat process until sufficient load oil is recovered to properly evaluate well & determine if installation of artificial lift would pay out. To date, 1125.01 BBL Load oil remain to be recovered from the two referenced zones.

RECEIVED  
NOV 28 1990  
OIL CON. DIV.  
(DIST. 3)

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

SIGNED <u>Gay Hagan</u>	TITLE <u>Operations Superintendant</u>	DATE <u>11-1-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>Shirley Mondy</u>	TITLE <u>AREA MANAGER</u>	DATE <u>NOV 5 1990</u>
CONDITIONS OF APPROVAL, IF ANY:		

NMOCD

\*See Instructions on Reverse Side