

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

1. <b>OILWELL</b> <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-57151</b>	
2. NAME OF OPERATOR <b>Gary Williams Production Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>1775 Sherman St., Ste 1925 Denver, CO 80202 (303) 831-4673</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL AT SURFACE <b>1980' FSL, 660' FEL, Sec 11-T20N-R2W</b>		8. FARM OR LEASE NAME <b>Federal</b>	
		9. WELL NUMBER <b>11 - 9</b>	
		10. FIELD AND POOL, OR WILDCAT <b>Chacra</b>	
		11. SEC., T., R., OR BLK. AND SURVEY <b>SECTION 11 - T20N - R2W</b>	
14. PERMIT NO.	15. ELEVATIONS <b>6801' GL</b>	12. COUNTY OR PARISH <b>SANDOVAL</b>	13. STATE <b>N.M.</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>		SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> (OTHER) <u>Spud well</u> <input type="checkbox"/>	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS			

The above referenced well was spud at 10:30 AM on March 30, 1994. The BLM office in Albuquerque, NM was verbally notified by Scott Maison.

RECEIVED  
APR 18 1994  
OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

SHIRLEY MONDY

Chief, Lands and Mineral Resources  
TITLE

DATE

APR 14 1994

CONDITIONS OF APPROVAL, IF ANY:

NMOCD