

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 RECEIVED

(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"/>		JUN 03 1987		5. LEASE DESIGNATION AND SERIAL NO. NM-29169
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112-5116				7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL (NW NW) Section 28-T21N-R3W				8. FARM OR LEASE NAME Tayler 28
				9. WELL NO. 4
				10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos
				11. SEC., T., R., N., OR S.E., AND SUBST OR AREA NW NW 28-T21N-R3W
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, ST, GR, etc.) 7020' GR	12. COUNTY OR PARISH Sandoval	13. STATE 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"/>	PCLL 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) <input type="checkbox"/>	
(Other) Request for Long Term Shut In <input checked="" 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 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.)\*

Gary-Williams Oil Producer, Inc. respectfully requests permission to continue the suspension of production on the above mentioned well. Current depressed oil prices make this marginal well uneconomical to produce.

There are no known problems with the casing integrity due to the fact that the cement was circulated to surface and the casing is less than 5 years old. Because of the existing condition of the well, GWOP requests that the testing requirements be waived at this time.

In the absence of an approved suspension, there may be a premature abandonment of the well and resulting loss of recoverable reserves.

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

SIGNED Nancy McDonald TITLE Compliance Administrator

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

APPROVED

DATE JUN 05 1987

FARMINGTON RESOURCE AREA