

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, 1988

5. LEASE DESIGNATION AND SERIAL NO.

NM-7765

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Johnson *4*

9. WELL NO.

~~14~~ 14

10. FIELD AND POOL, OR WILDCAT

Rio Puerco Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SESW 4-T20N, R2W

1.

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Gary Williams Oil Producer, Inc.

3. ADDRESS OF OPERATOR

370 17th Street, Suite 5300, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

860' FSL and 1,650' FWL Section 4, T20N, R2W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6868' GR

12. COUNTY OR PARISH 13. STATE

Sandoval NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

MI and RU workover rig. Pull sucker rods and tubing. TIH with tubing and Hi-Tech bailer and clean out fill from 3,714' to TD at 4300'. RU Schlumberger and run Digital Sonic and Density Logs from 4300' to 3445'. TIH with 2 3/8" tubing and anchor. Swab test well. Run sucker rods and return to production if economical. Lease well shut-in if swab test results are unfavorable. RD workover rig.

RECEIVED
APR 3 1992
OIL CON. DIV.
DIST. 3

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

SIGNED

Samuel Gary, Jr.
Samuel Gary, Jr.

TITLE Agent

DATE

3/24/92

(This space for Federal or State office use)

APPROVED BY

Shirley
Mordy

AREA MANAGER

TITLE RIO PUERCO RESOURCE AREA

DATE

APR 3 1992

*See Instructions on Reverse Side

NMCCD