

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>The Gary Williams Company</u> <i>Velocity Expl. Co.</i></p> <p>3. ADDRESS OF OPERATOR <u>1775 Sherman St., #1925, Denver, CO 80202</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>860 FSL, 1650 FWL</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <b>NM7765</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Johnson</b></p> <p>9. WELL NO. <b>4-14</b></p> <p>10. FIELD AND POOL, OR WILDCAT</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 4-T20N-R2W</b></p> <p>12. COUNTY OR PARISH <b>Sandoval</b></p> <p>13. STATE <b>NM</b></p>	
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6868 GR</b></p>	

10. 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) <input type="checkbox"/>	<b>Oil Sales</b> <input checked="" type="checkbox"/>
(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 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.)\*

Approximately 115 bbl of oil were sold from this well 2-9-93. This well has been inactive and the oil sold was the inventory in the tanks from earlier production.

The surface facilities for this well are now being used to treat and store production from the Orquidea 4-1H well located on the same lease.

**RECEIVED**  
MAR 1 1993  
OIL CON. DIV  
DIST. 3

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

SIGNED *Angela S. Nampe* TITLE *Engineer* DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY *Shirley Mondy* TITLE *Acting Area Manager* DATE *2/25/93*

CONDITIONS OF APPROVAL, IF ANY:

**NMCCD**

\*See Instructions on Reverse Side