

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 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-36936	
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc. c/o Ned Dollar, Agent		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 399 Aztec, NM 87410		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL Section 13, T20N., R3W. NESW		8. FARM OR LEASE NAME San Isidro 13	
14. PERMIT NO.		9. WELL NO. #11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6879' GR		10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Section 13, T20N-R3W.	
		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"/>	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"/>	
(Other) Conversion to Gas Inj. Well <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.)\*

GWOP requests approval to convert San Isidro 13-11 to a permanent natural gas injection well.

Injection will be into the Gallup Zone, intervals from 3691' to 4127'. The nearest fresh water zone is a 305' which is the bottom of the Ojo Alamo. The nearest oil or gas zone is the Semilla at 4425'. Surface pipe 9-5/8" to 436', 7" to 3346', liner from 3140' to 4262'. This hole is cemented from top to bottom.

There is no other operation within 1/2 mile radius of this well.

RECEIVED  
NOV 13 1985

CON. DIV.  
DIST. 3

*Subject to approval of NMOCC*

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

SIGNED <u>Ned Dollar</u>	TITLE <u>Agent</u>	DATE <u>Nov. 13, 1985</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side  
NMOCC