

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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 The Gary-Williams Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 370 17th Street, Suite 5300, Denver, CO 80202	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 1980' FSL & 1980' FWL (NE SW) Section 13-T20N-R3W	8. FARM OR LEASE NAME San Isidro 13
14. PERMIT NO.	9. WELL NO. 11
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6879' GR	10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW 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:

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) Request Long-Term Shut In	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING 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)	<input type="checkbox"/>		<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.)*

The Gary-Williams Company respectfully requests permission for long term shut in status for the above mentioned well. Continued depressed oil prices make this marginal well uneconomical to produce.

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

RECEIVED
APR 27 1990
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED Nancy McDonald

TITLE Administrative Assistant

DATE 4/20/90

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE AREA MANAGER
RIO PUERCO RESOURCE AREA

DATE APR 25 1990

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL EXPIRES DECEMBER 1, 1990.

*See Instructions on Reverse Side

NMOCD

010123

RECEIVED

NAVY COM. DIV.
6.12.60