

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Gary-Williams Oil Producer, Inc.

3. ADDRESS OF OPERATOR  
115 Inverness Drive East, Englewood, CO 80112-5116

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
330' FNL & 790' FEL (NE NE) Section 31-T21N-R3W

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, ST, GR, etc.)  
7081' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-25295

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
Tayler 31

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Rio Puerco Mancos

11. SEC., T., R., N., OR S.E., AND  
SURVEY OR AREA  
Sec. 31-T21N-R3W

12. COUNTY OR PARISH  
Sandoval

13. STATE  
NM

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)	<input 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 checked="" type="checkbox"/>
(Other) Testing & Swabbing	<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.)

MIRU late pm. Prep to test potential 5-18-87. Good blow on well. 5/19/87  
Prep to test potential. SI pressure 65 PSI. Wait 4 hrs on BOP. RIH w/2-3/8"  
4.7# J-55 EUE. Tag fill @ 5282' KB indicating 3/8' of fill. Pick up 1  
joint. Total 161 joints w/ s/n set @ 5250' KB. RIH w/swab, FL 3000' from  
surface. Made 1st pull from 4000'. Recovered 1.67 bbl med brn oil high gas  
cut (grindout: 90% oil, 7% wtr., 3% BS). Continue swabbing. 1st hr rec 18.37  
bbl fluid w/FL gradually dropping to 3800' and water cut increasing to 85-  
95%. 2nd hr rec 15 bbl swab down 38 bbl. Wait 1 hr. Fluid entry 500'. Made  
2 swab runs. Rec. 2 bbl fluid 50-70 % wtr caught and retained sample of oil  
and wtr for analysis. Suspect fluid is coming from Mancos zone rather than  
Gallup due to color of oil and water cut. Calculated absolute 24 hr potential  
24 to 33.6 bw and 14.4 to 24 bo with 100+ mcf/d gas. Calculated pumping rate 8  
bopd, 11 bwpd, est 100 mcf/d gas. Test witnessed by Rio Puerco BLM. 5/20/87  
Overnight SIP: 5 psi. FL 5000' from surface. Recovered additional 15 bbl  
fluid in 4 hours. Oil cut: trace to 5%. POOH tubing and laid down on  
float. RDMO. Returned recovered oil to wellbore due to minimal oil  
recovery.

RECEIVED  
JUN -1 1987

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

SIGNED Sandy McDonald

TITLE Compliance Administrator

OIL CON. DIV.  
DATE 4/26/87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side