

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-25609	
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc. c/o Ned Dollar, Agent		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P.O. Box 399, Aztec, NM 87410		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 1850' FNL and 790' FWL Section 12-T20N-R4W		8. FARM OR LEASE NAME Penistaja 12	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA) 6956' GR		10. FIELD AND POOL, OR WILDCAT Wildcat-Chacra	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW NW 12-T20N-R4W	
		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

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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"/>	PCCL OR ALTER CASING	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud and surface casing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. (If S. R. PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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).*)

6/30/85 Move in and rig up New Mexico Drilling Rig #1. Spud 12-1/2" hole at 2:30 a.m..

7/1/85 Ran 9-5/8", 36#, J-55, STC casing as follows: guide shoe (1.5'), shoe joint (42.18'), insert float, and 3 joints 9-5/8" casing (126.52'). Set casing at 180.20' KB. Rig up Howco. Cement with 200 sx (236 cf) Class B with 2% CaCl₂. Pumped 10 barrels flush and 45 barrels slurry. Released plug. Displaced with 13.5 barrels water. Plug did not bump. Overdisplace 1 barrel at 10:30 a.m. Circulate 100 sx (118 cf) good cement to surface. Left shut in with 200 psi on casing. Waiting on cement 8 hours. Bled off casing psi. Remove landing joint. Nipple up blowout preventor and spool. Pressure casing to 1400 psi for 30 minutes, held OK. Resumed drilling at 9:30 p.m. (Compressive strength of cement 555 psi in 12 hours -- Howco).

RECEIVED
JUL 17 1985

OIL CON. DIV.
DIST. 3
DATE 7/2/85

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

SIGNED Ray Hager

TITLE Operations Superintendent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

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*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY KT