

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

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-23733	
2. NAME OF OPERATOR Gary-Williams Oil Producer, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112		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 660' FSL and 660' FEL Section 3-20N-3W		8. FARM OR LEASE NAME San Isidro 3	
		9. WELL NO. 16	
		10. FIELD AND POOL, OR WILDCAT Rio Puerco Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE SE 3-20N-3W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6915' GR	12. COUNTY OR PARISH Sandoval	13. STATE NM

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SEP 24 1984

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Liner</u>	
(Other) <input type="checkbox"/>			

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

17. **DISPENSE 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.)

9/18/84 Pick up 4-1/2", 10.5#, K-55, STC liner and run as follows: one float shoe, one joint 4-1/2" casing with insert float on top, one latch-down collar, 36 joints 4-1/2" casing and one liner hanger (tie-back sleeve hanger, PBR). Ran total of 37 joints of casing (1534.77'). Landed liner at 5099' KB with top of liner at 3464' KB. Insert float at 5054.83' KB. Cemented liner as follows: 20 barrels of chemical wash, 175 sx Class B containing 2% gel, 10% salt, 1/2#/sx flocele, 0.5% CFR-2, and 0.6% H-9. Plug down at 7:15 p.m. 9/18/84. Release from liner. Circulate hole clean. Recover 6 barrels of cement. Pull out of hole and lay down drill pipe. Released rig at 12:00 midnight 9/18/84.

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SEP 27 1984
OIL CON. DIV.
DIST. 3

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

SIGNED W.P. Marx TITLE Operations Manager ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 26 1984

CONDITIONS OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA
RY [Signature]

*See Instructions on Reverse Side

NMOCC