

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM - 11042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

ROSS DRAW UNIT

8. FARM OR LEASE NAME

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Und.  
Ross Draw Delaware

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 26, T-26-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

J. C. Williamson

3. ADDRESS OF OPERATOR

P. O. Box 16, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements.  
See also space 17 below.)  
At surface

990' FNL and 330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3025.6' GR

RECEIVED BY

JAN 12 1987

O. C. D.

ARTESIAN OFFICE

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

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.)\*

Please extend the application to drill for this location for another year.

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

SIGNED

Jan Pfister

TITLE

Production

DATE

01-07-87

(This space for Office Use Only)

APPROVED BY

Area Manager

TITLE

DATE

1-9-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side