| Į |      |      | Form  | AD   | prove | ed.    |       |     |     |
|---|------|------|-------|------|-------|--------|-------|-----|-----|
|   |      |      | Budge | et I | urea  | iu N   | 6. 4: | ' R | 142 |
|   | 5. L | EASE | DESI  | NA.  | rion  | J. ALD | SEF   | [A] | NC. |

REPAIRING WELL

ALTERING CARING

ABANDON MEN' (\*

| DEPARTM  | NITED STATES<br>ENT THE INTERIOR<br>COLOGICAL SURVEY                                   | SUBMIT IN TRIPLICATE (Other instructions or verse side) | 5. LEASE DESIGNATION A           | No. 42 R1424<br>NO SERIAL NO. |
|--|--|---|----------------------------------|-------------------------------|
| (Do not use this form for proposal   | ES AND REPORTS ON 8 to drill or to deepen or plug back ION FOR PERMIT—" for such propo | to a different reservoir.                               | 6. IF INDIAN, ACLOTTEE           |                               |
| OIL X GAS OTHER  NAME OF OPERATOR  Ralph E. Williamson                             | )<br>[2]   | EGENVED   | 8. FARM OR LEASE NAME Wright-Fed | <u> </u>                      |
| Box 16, Midland, Texas   | 79701  | SEP 0 0 1976  | 9. WELL NO.                      | NI CAT                        |
| . LOCATION OF WELL (Report location cle<br>See also space 17 below.)<br>At surface | arly and in accordance with any Sta<br>U. S<br>Fig.                                    | CEBS, NEW MEXICO  | Double X D                       | elaware                       |
| 1980' FEL & 660'   | FNL  |   | 27, 24S, 3                       |                               |
| 4. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT 3578 GR  | :, GR, etc.)  | 12. COC. IY OR PARISH            | NM                            |
| 6. Check App<br>NOTICE OF INTENT   | propriate Box To Indicate Nat  |   | Other Data                       | t                             |

(Nore: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) \*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

2-9-76
Frac treated Delaware Sand 4885-92 w/7500 gals gelled lease crude with 2# sand per gallon and flushed with lease crude at 10 barrels per min.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

| I hereby certify that the foregoing is true and cor | TITLE | Operator | DATE 9-9-76         |
|---|-------|----------|---------------------|
| PPROVED BYONDITIONS OF APPROVAL, IF ANY:            | TITLE |          | ACCEPTED FOR RECORD |
| ONDITIONS OF APPROVAL, IS ANT.                      |       |          | SEP 14 1976         |

\*See Instructions on Reverse Side

. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO