

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-0130  
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. CIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0556290
2. NAME OF OPERATOR J.C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702		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 1980' FSL & 1980' FEL		8. FARM OR LEASE NAME Gila Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3280.7' GR		10. FIELD AND POOL, OR WILDCAT E. Burton Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T20S, R29E
		12. COUNTY OR PARISH Eddy
		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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.) \*

As per BLM suggestion I propose to go in and dig out the caliche from around the casing head this well.

Plan to take off welded plate, re-enter and put 100' cement on top of old plug @ 3177', then move up and put another 100' of cement centering above and below 644', where the 13-3/8" casing is set, we will then put sufficient cement at top and place a plugging marker and restore caliche as is now around wellhead and yard of the Grand Valley Plant.

TAG PLUG AT = 594'.

RECEIVED  
SEP 2 12 03 PM '93  
CARLSBAD DISTRICT  
AREA HEADQUARTERS

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

SIGNED J.C. Williamson TITLE Owner DATE 09-01-93  
(This space for Federal or State office use)

APPROVED BY Donna C. Williams TITLE Donna C. Williams DATE 9/24/93  
CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED

\*See Instructions on Reverse Side