

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88310

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 35607

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

UCBHW Federal

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delaware

11. SEC. T., E., N., OR S.W. AND
SURVEY OR AREA

Sec. 25

T-26-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 of space 17 below)
At surface

1787' FSL & 330' FWL

11. PERMIT NO. 25529
30-015-not avail. uct

15. ELEVATIONS (Show whether TD, RT, CR, etc.)

2933.0 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRAC TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT ON:

WATER SHUT-OFF

REPAIRING WELL

FRAC TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Ran 4 1/2" casing

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

17. DISCRIBE 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.) *

01-31-86 Ran 4 1/2" casing, set and cemented @ 3164' w/375 sx Class "C", 50/50 poz, 6# salt/sx, 1/4# flocele/sx. PD @ 2:30 am 01-31-86.

ACCEPTED FOR RECORD

SWD
FEB 5 1986

CARLEBAD, NEW MEXICO

RECEIVED BY

FEB 06 1986

O. C. D.
ARTESIA, OFFICE

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

SIGNED

TITLE

Production

DATE

02-03-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side