

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-7066

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

WILLIAMSON FEDERAL COM

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Diamond Mound

11. SEC., T., R., E., OR BLK. AND  
SUBDIVISION OR AREA

Sec 12-T16S-R27E

12. COUNTY OR PARISH

Eddy

13. STATE  
New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

General Atlantic Resources, Inc. (303) 573-5100

3. ADDRESS OF OPERATOR

410 17th Street, Suite 1400, Denver, CO 80202

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

660' FNL & 1980' FWL

14. PERMIT NO.

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

KB: 3652' GR: 3637'

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 COMPLETION

ABANDON\*

CHANGE PLANS

Well Deliverability

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

1. Move in and rig up gas well test equipment, including a 3 phase separator.
2. Hold various back pressures on well and establish a stable flow rate.
3. Record flow rates and liquids produced.
4. All gas produced will be flared.

RECEIVED  
JUL 20 '90

C. C. D.  
ARTESIA, OFFICE

NOTE: Verbal approval for the test was received from Adam Salameh on July 11, 1990

RECEIVED  
JUL 16 10 26 AM '90  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

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

SIGNED David Putnam

TITLE Operations Engineer

DATE 7/12/90

(This space for Federal or State office use)

APPROVED BY Adam Salameh  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 7-19-90

\*See Instructions on Reverse Side