

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. CO. 1ST DIV.
SUBMIT IN TRI STATE
Drawings Other instructions on re-
verse side
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0556290

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Williamson Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

East Burton Flat (Strawn)

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

Sec. 9, T20S, R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

TXO Production Corp. ✓

3. ADDRESS OF OPERATOR

900 Wilco Building; Midland, TX 79701

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

At surface

1980' FNL, 660' FWL

14. PERMIT NO.

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

3279 G.L.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☒
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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. POH w/ tbg and pkr
2. Set CIBP @ 10,500' w/ ^{35'} ~~20'~~ cmt
3. Perf 10,385-89'
4. GIH & set pkr @ 10,300'
5. Acidize w/ 1000 gal 15% HCl

RECEIVED

JUL 01 1983

O. C. D.
ARTESIA, OFFICE

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

SIGNED

Deen Wood

TITLE *Production Engineer*

DATE *June 13, 1983*

(This space for Federal or State office use)

APPROVED (Sig. Sgd.) *PETER W. CHESTER*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 30 1983

*See Instructions on Reverse Side