

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT THIS APPLICATION IN TRIPlicate*
(Other instructions on reverse side)

PROJECT BUREAU NO. 1004-0133
Expires August 31, 1985

dst

LEASE DESIGNATION AND SERIAL NO.
NM 6290

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.)

| | |
|---|--|
| <p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry <i>Oct 13 11 58 AM '93</i></p> <p>2. NAME OF OPERATOR J.C. Williamson ✓</p> <p>3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702</p> <p>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 <i>NOV 22 1993</i></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3280.7' GR</p> | <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Gila Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT E. Burton Delaware</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T20S-R29E</p> <p>12. COUNTY OR PARISH 13. STATE Eddy NM</p> |
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (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.) *

09-25-93 100' cement on top of old plug @ 3177', 100 sax in two stages across 644', tag @ 250', 25 sax @ surface and placed marker.

*Post ID-2
1-7-94
PxA*

Approved as to plugging of the well bore.
Liability under bond is retained until surface restoration is completed.

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

SIGNED *George Kingrea* TITLE Engineer DATE 10-18-93

(This space for Federal or State office use)

APPROVED BY **(ORIG. SGD.) JOE G. LARA** TITLE Petroleum Engineer DATE 11/18/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side