

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIANGLE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 also space 17 below.) At surface 1980' FNL & 660' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM-0554771		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME T.O.G. Federal		9. WELL NO. 4		10. FIELD AND POOL, OR WILDCAT East Burton Delaware		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16-20S-29E		12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
14. PERMIT NO.				15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3270' GR																					

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) 5-1/2" casing	<input checked="" type="checkbox"/>		<input checked="" 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.)\*

08-22-89 Run 5-1/2' csg as follows: 716.60' 17# "J", 807.95' 15.5# "J", 3550.35' 14# "J", for a total of 5074.90' set @ 5075.95', cmt w/800 sx 50/50 poz prem. + 5# salt per/sx + 1/4# floseal + 2% gel up into 8-5/8" csg. Cmt top by temp. survey @ 2850'. PD @ 6:10 p.m.

18. I hereby certify that the foregoing is true and correct  
SIGNED Mr. Livingston TITLE Production DATE 08-28-89  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side