

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Expires August 31, 1985

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 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 NM OIL CONS COMMISSION Drawer DD	7. UNIT AGREEMENT NAME Artesia, NM 66210	8. FARM OR LEASE NAME TOG 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, T20S-R29E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. 30-015-21256-0002	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3270.0' GR		O. C. D. ARTESIA, OFFICE									

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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.) \*

Notice of Well back on production.

Well was put back on production @ 8:00 a.m. on August 8, 1994.

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

SIGNED

George Kingree J.P.

TITLE Engineer

DATE 08-03-94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side