

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

95F

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. CIL WELL ☒ GAS WELL ☐ OTHER ☐ NOV 10 '87

2. NAME OF OPERATOR J.C. Williamson O. C. D.

3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702 ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 660' FSL & 1980' FEL

14. PERMIT NO. 30-015-25149 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3306.8' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-0556290

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Canter Federal

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT East Burton Flat Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-20-S, R-29-E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Work over	<input type="checkbox"/>		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

- (1) Set bridge plug @ 6500', put 10' cement on same and test to 2000#. Re-set until plug holds.
- (2) Perforate 1st Bone Springs sand from 6042-6089' w/22 holes +.
- (3) Acidize same w/3000 gallons 7-1/2% NEFE acid.
- (4) If results favorable, fracture treat zone w/40,000 gallons gelled Kcl water and 80,000# 20-40 sand.
- (5) Flow and swab back frac water and swab test well.
- (6) Set pumping unit, run rods and down hole pump, build suitable battery and place well on production.

ACCEPTED FOR RECORD

OCT 28 12 03 PM '87
CARLSBAD REGIONAL
AREA HEADQUARTERS

RECEIVED

6198
SJS

EL PASO, NEW MEXICO

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

SIGNED [Signature] TITLE Production DATE 10-01-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side