

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

DATE
re

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

25F

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. GIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		SEP 14 '88		5. LEASE DESIGNATION AND SERIAL NO. NM-0554771	
2. NAME OF OPERATOR J.C. Williamson ✓		O. C. D.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702		ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 800' FEL				8. FARM OR LEASE NAME T.O.G. Federal	
14. PERMIT NO. 30-015-25924		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3275.7' GR		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Burton East DELAWARE	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, 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:		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) 11-3/4" casing <input checked="" 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.) *

08-05-88 Ran 34 jts 11-3/4" casing, 42# J-55 STC used casing w/insert float and notched shoe @ 1211', cemented w/850 sx Howco light, 1/4# flocele 8# salt, followed by 200 sx "C" 2% CaCl, 1/4# flocele. PD @ 4:00 am 08-05-88.

RECEIVED
Aug 19 11 35 AM '88
CARLOS
AREA HEADQUARTERS

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

SIGNED [Signature] TITLE Production DATE 08-16-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS