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Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATED STATE	TES NO 0: E INTERIO	II SURMIT IN TRIPLICAT (Other indifficultings 10)	Form ap Budget I Expires 5. LEASE DESIG	Bureau No. August 31,	1004-0135 1985 BHRIAL NO.	
	BUREAU OF LAND MA	NAGEMENT es	ia, at assio	NM-0554			
SUND (Do not use this fo	ORY NOTICES AND REDICTION FOR PERMIT	PORTS ON	WELLS to a different reservoir.	6. IF INDIAN,	LLOTTEE OR	SKAN SSIST	
OIL TO GAR [7		RECEIVED	7. UNIT AGREE	MENT HAME		
WELL LAS WELL L	JOTHER		Orn.	8. FARM OR LE	ASE NAME		
J	.C. Williamson,		S EP 13 '89	T.O.G.	Federal		
3. ADDRESS OF OPERATOR			, , , , , ,	9. WELL NO.			
		nd, Texas	79702 0. C. D .		2		
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirECA, OFFICE See also space 17 below.) At surface 1980' FSL & 800' FEL					10. FIELD AND POOL, OR WILDCAT East Burton Delaware 11. SEC., T., R., M., OR BLK. AND BURYET OR ARBA		
4. PERMIT NO. 15. ELEVATIONS (Show whether DF,			, ar, etc.)	12. COUNTY OF			
30-015-25924	3275.7'	GR		Eddy	N	lew Mexico	
16.	Check Appropriate Box To	Indicate Nat	ure of Notice, Report, o	r Other Data			
NO	TICE OF INTENTION TO:	1	SUBI	BEQUENT REPORT OF	:		
TEST WATER SHUT-OFF	PULL OR ALTER CASIN	, ,	WATER SHUT-OFF	REP	AIRING WELL		
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALT	ERING CARIN	o	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABA	NDONMENT*		
REPAIR WELL	CHANGE FLANS		(Other)	uits of multiple com	nietion on T		
	e-complete COMPLETED OPERATIONS (Clearly sta		Completion or Reco	supletion Report and	1 Log form.)		
(2) Cut para (3) Set bric (4) Perforat (5) Acidize (6) Swab bac (7) If requi	g & rods. Iffin off of tbg & rollge plug @ 4580±, teste Delaware sand from w/3000 gallons 7-1/2ck acid residue and tired, fracture treat 000# sand @ 2500#, 8 of rac treatment, retightly.	t plug to 1 4362-72', % NEFE acidest well to well with 8 bpm.	4404-08' w/13 ho i. i test tank. 3000 gallons gelle	ed KCL water			
SIGNED (This space for Federa	he foregoing is true and correct MM (C) 11	PET	roduction ROLEUM ENGINEER	DATE_	08/22 ₁	/89 	
APPROVED BYCONDITIONS OF API	PROVAL, IF ANY:	TITLE		DATE _	_0_/	- 6-7	