

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
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. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 7903VED	
2. NAME OF OPERATOR J.C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702		7. UNIT AGREEMENT NAME Koy 7 9-11-14-188	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 440' FWL		8. FARM OR LEASE NAME Exx Federal	
14. PERMIT NO. 30-015-25994		9. WELL NO. 1	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3288.2' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Delaware	
ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-20S-29E	
NOV 23 '88		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) 8-5/8" casing	

(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.) *

10-31-88 Ran 51 jts. 8-5/8" 24# & 32# type J-55 STC 8rd used csg. set @ 2161' w/1000 gal flo-check, 200 sx "C" thickset w/10# gilsonite, 1# floseal and 3% CaCl /sx, followed by 250 sx "C" w/ 1/2# floseal/sx and 2% CaCl. PD @ 4:30 p.m. (10-31-88).

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

SIGNED

TITLE Production

DATE 11-04-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

DATE

NOV 18 1988

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO