

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

dsf

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"/>		NOV 11 12 33 PM '88	5. LEASE DESIGNATION AND SERIAL NO. NM-57633
2. NAME OF OPERATOR J.C. Williamson		CARLSBAD	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702		RECEIVED	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 & 440' FWL		NOV 23 '88	8. FARM OR LEASE NAME Exx Federal
14. PERMIT NO. 30-015-25994		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3288.2' GR	9. WELL NO. 1
		O.C.D. ARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT Wildcat Delaware
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-20S-29E
			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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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"/>	

(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.)*

11-04-88 The status of the well as of date indicated is shown on the attached drawing. Extreme drilling problems were encountered from 1830'-2567' including complete loss of circulation and crumbling, caving reef dolomite. The drilling rig has been released, and at a near future date an attempt will be made to clean out the debris from this well, run 7" flush joint casing and continue the drilling of this well to a hopefully successful completion, or if not application will be made to turn this well into a water supply well.

(see attached diagram)

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

SIGNED

TITLE

Production

DATE

11-11-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 18 1988

*See Instructions on Reverse Side

ISJS
CARLSBAD, NEW MEXICO