

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR J.C. Williamson ✓	3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 330' FEL	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. 3	10. FIELD AND POOL, OR WILDCAT Wildcat	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-20S-29E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO. 30-015-26129	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3309.5' GR											

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"/>		<input 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 checked="" type="checkbox"/>
(Other) 11-3/4" & 8-5/8" csg	<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.) *

09-11-89 Ran 32 jts 11-3/4" 42# & 47# STC 8rd, R-2, R-3 used csg set @ 1263'. Cmt. 1st stage w/1000# Howco 50 sx lite w/12# salt, 1/4# floseal, 100sx thickset "C" w/10# gilsonite, 1/2# floseal 2% CaCl² followed by 560 sx lite & 200sx "C" w/1/4# floseal & 2% CaCl², PD @ 1:00 pm (TX) 09/10/89.

09-15-89 Ran 24# & 32# J-55 STC 8rd R-2 8-5/8" csg Set @ 3000'. Cmt w/100sx "C" thickset w/10# gilsonite 1# floseal & 2% CaCl², followed by 500sx Howco lite w/10# gilsonite, 1# floseal & 2% CaCl², followed by 250sx "C" w/1/4# floseal & 2% CaCl². PD @ 4:00 pm (TX) RU wellhead & BOP, spot 100sx plug by Bradenhead squeeze. (per/BLM)

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

SIGNED

Jan Livingston

TITLE Production

DATE

11-14-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side