

N.M.O.C.D. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well in a drilling reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

MAY 31 1979

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
J. C. Williamson
3. ADDRESS OF OPERATOR
Box 16, Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FEL & 660' FSL
14. PERMIT NO.
30-015-21188
15. ELEVATIONS (Show whether LF, RT, GR, etc.)
2985.0 GR

O. C. C.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 11042
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Ross Draw Unit
8. FARM OR LEASE NAME
Ross Draw Unit
9. WELL NO.
3
10. FIELD AND POOL, OR WILDCAT
Undesignated-Delaware
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 27-26S-30E
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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)*

TD - 3510'

Purpose: to place cement plugs at the following intervals: 2000 - 2100, 550 - 650, and set 20' surface plug, set marker and clean location.

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

SIGNED _____ TITLE Partner

DATE 6-1-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____