| | DEPARTMENT OF THE INTERIOR Drawer DD BUREAU OF ND MANAGEMENT Drawer DD Artestan NN 88-10 | | | | | | |
|------------|---|---|---------------------------|--|--|---|--|
| | 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.) | | | | 6. IF INDIAN, ALLOTTE | OR TRIBE NAME | |
| 1. | | | 7. UNIT AGREEMENT NAME | | | | |
| | WELL L | OPERATOR | B. FARM OR LEASE NAME | | | | |
| z . | NAME OF | | .C. WILLIAMSON | FEB 2 ~ 1993 | | | |
| 3. | ADDRESS | ADDRESS OF OPERATOR | | | | ROSS DRAW UNIT 9. WBLL NO. | |
| 4. | P.O. BOX 16 MIDLAND, TX. 79702, era, r. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL | | | | 5-20 | 5-3 10. FIELD AND POOL, OR WILDCAT | |
| | | | | | | | |
| | | | | | | ROSS DRAW BONE SPRINGS | |
| | | | | | 11. SEC., T., E., M., OR E SURVEY OR AREA | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA | |
| | | | | | Sec. 27, T26 | Sec. 27, T26S, R30E | |
| 14. | PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | | | 12. COUNTY OR PARISH | | |
| | | | 2996.0' GR | | EDDY | NM | |
| | · | | | | · | | |
| 16. | | Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | | | |
| | | NOTICE OF INTENTION TO: | | | | | |
| | TEST WA | ATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | EEPAIRING V | WILL | |
| | FRACTUB | RE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CA | BING | |
| | | DR ACIDIZE X | ABANDON* | SHOOTING OR ACIDIZING | ABANDONME | (T* | |
| | | REPAIR WELL CHANGE PLANS (Other) (Other) (Other) (NOTE: Report results of multiple completion on Well | | | | | |
| 17 | | (Other) Test downhole equipment/csg. X Completion or Recompletion Beport and Log form.) | | | | | |
| | propose | proposed work. It well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones perti- nent to this work.) * | | | | | |
| | (2) | (2) COH w/tubing and LD same. | | | | | |
| | (3) | (3) Set CIBP in 7-7/8" csg @ 8000', put 35' of cement on top of CIBP, test casing to 1000#, if casing holds, then: (if casing does not hold, then remedial measures will be taken). | | | | | |
| | (4) | | | | | | |
| | (5) | 5) Perforate Delaware sand zone from 5900-5950' w/15 shots. | | | | | |
| | (6) | (6) Pick up 2-7/8" tbg and 7-5/8" packer, position tools for acid job. | | | | | |
| | (7) Acidize well with 2000 gals 15% NEFE acid. | | | | | | |
| | (8) Swab back acid load and test well. | | | | | | |
| | (9) If well shows favorable, fracture treat well w/30,000 gals gelled treated water, | | | | | | |
| | | 100,000# sand@ 1000# pressure @ 30 BPM w/up to 5#/gallon sand, start back frac load | | | | | |
| | in 4 hours. | | | | | | |
| | (10) | (10) Swab back frac and clean up well. | | | | | |
| | (11) | (11) Run tubing in pumping configuration, run rods and downhole pump. | | | | | |
| 18 | (12) (13) | (12) Set pumping unit and electrify lease. (13) Build production facilities & tank battery (13) Put, well on Broduction. berefy certify that the foregoing is trys and correct | | | | | |
| | SIGNED Jan Flister for RE Williamson TITLE Engineer | | | | date 01/1 | DATE 01/19/93 | |
| | APPROVI | ED BY <u>OCTORE</u> SONS OF APPROVAL, IF A |) DAVID R. GLASS title | en e | DATE' | 1-93 | |

*See Instructions on Reverse Side