Form 9-331

SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\*

(other) Run & Set Casing

REPAIR WELL

Drawer DD tesia, NM 88210

Form Approved. Budget Bureau No. 42-R1424

| . 1973 | UNITE        | D 5 | STATE | S Art |
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| OMITED OFFICE |      |       |          |  |  |  |
|---------------|------|-------|----------|--|--|--|
| DEPARTMENT    | OF   | THE   | INTERIOR |  |  |  |
| GEOLOG        | ICAL | . SUF | VEY      |  |  |  |

SUNDRY NOTICES AND REPORTS ON WELLS

| - 1 | 5         | LEASE  |
|-----|-----------|--|
|     | <b>J.</b> | NM-13997   |
|     | 6.        | IF INDIAN, ALLOTTEE OR TRIBE NAME                        |
| _   |           | RECEIVED   |
|     | 7.        | UNIT AGREEMENT NAME                                      |
| t   | <u> </u>  |  |
| _   | 8.        | FARM OR LEASE NAME DEC 14-1981                           |
|     | <b> </b>  | EP-USA   |
|     | 9.        | WELL NO. O. C. D.  |
|     |           | 2 ARTESIA OFFICE   |
|     | 10.       | FIELD OR WILDCAT NAME                                    |
|     |           | Wildcat Cherry Campon                                    |
|     | 11.       | SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, |
| 7   | l         |  |
|     |           | T-26-S, R-29-E   |
|     | 12.       | COUNTY OR PARISH 13. STATE                               |
|     | <u> </u>  | Eddy New Mexico  |
|     | 14.       | API NO. 5444 = 5744                                      |
| ,   |           | 사용하다 사람들은 사람이 돌름을 살아 다른                                  |
|     | 15.       | ELEVATIONS (SHOW DF, KDB, AND WD) 2890.5 GR              |

(Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir. Use Form 9–331–C for such proposals.) gas Xother well well 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. See space 17 below.) 990' FSL & 1650' FEL AT SURFACE: 990' FSL & 1650' FEL AT TOP PROD. INTERVAL: 990' FSL & 1650' FEL AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT

> (NOTE: Report results of multiple completion or zone change on Form 9–330.)

> > 7

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.)\*

11/9/81 - Set 10 3/4" casing at 447' with 710 sacks of Class C cement with 4% CaCl<sub>2</sub>/sx, plus 5# Gilsonite/sx, and 1/2# Flocele/sx.

| U.S. GEO   | LOGICAL SU<br>L, NEW MEX | SURVEY TO THE TOTAL TO THE SURVEY TO THE SUR |     |  |
|--|--------------------------|--|-----|--|
| Subsurface Safety Valve: Manu. and Type  |                          | Set @  | Ft. |  |
| 18. I hereby certify that the foregoing is true and correct  SIGNED TITLE Prod. Secretary      | / DATE                   | 11/19/81   |     |  |
| CITAPMAN   | use)<br>DATE             |  | _   |  |
| APPROVED BY UF CONDITIONS OF APPROVALAIF ANY OF SURVEY SURVEY See Instructions on Reverse Side | DATE                     |  |     |  |
| *See Instructions on Reverse Side  | •                        |  |     |  |