Drawer DD Artesia, NM {

## Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

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DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY** 

 NM-	13	<b>3</b> 97	/	

5. LEASE

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i.	IF INDIAN,	ALLOTTEE O	R TRIBE NAME

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 Form 9-331-C for such proposals.)

1.	oil (X) gas cother
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.)
	AT SURFACE: 990' FSL & 1650' FEL
	AT TOP PROD. INTERVAL: 990' FSL & 1650' FEL
	AT TOTAL DEDTIL

990'\_FSL & 1650' 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA

6 RECEIVED 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME MAR 1 1 1982 EP-USA 9. WELL NO. O. C. D. 10. FIELD OR WILDCAT NAME ARTESIA, OFFICE Wildcat Cherry Carryon 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, T-26-S, R-29-E 12. COUNTY OR PARISH 13. STATE Eddy New Mexico 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* Run & Set Casing (other)

AT TOTAL DEPTH:

2890.5 GR SUBSEQUENT REPORT OF: 1982

results of multiple completion or zone on Form 9-330.)

OIL & GAS ROSWELL NEW MEXICO

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.)\*

> Set 4 1/2", 9 1/2# casing at 4,034 feet with 225 sacks 2/19/82 of 50/50 POZ Class "C" cement with 2% Gel plus 5# salt/sx plus 1/2% CFR2 plus 1/4# Flocele/sx. Cement top @ 2820'.

Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct PITLE Prod. Secretary \_ DATE (This space for Federal or State office use) APPROVED BY TITLE . DATE \_\_ ACCEPTED FOR RECORD CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

GEOLOGICAL SURVIY POSWELL, NEW MENT