

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS RECEIVED

(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 well ☒ gas well ☐ other ☐

JUN 1 1982

2. NAME OF OPERATOR
J. C. Williamson

O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
890 Midland National Center, Midland, Tx 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL: 660' FSL & 660' FWL
AT TOTAL DEPTH: 660' FSL & 660' FWL

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 ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

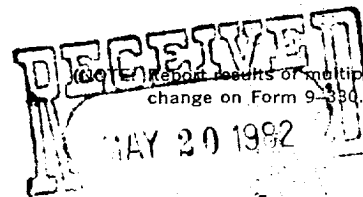
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Run 4 1/2" casing

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

OIL & GAS
U.S. GEOLOGICAL SURVEY
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.)*

5/13/82 Ran 4 1/2", 10.5# K-55 STC R-3 casing to 6254', cemented w/900
sx of Class "C", 50-50 POZ mix 0.5% CFR₂, 6# salt/sx, 1/4# flocele/sx,
2% gel/sx. Top of cement @ 2840'.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED James W. Dusen TITLE Production Secretary DATE 5/17/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

