Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTME OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Drawer DD
Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

c/sf

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.)

RECEIVED
OCT 18 1985
O. C. D.
ARTESIA, OFFICE

BUREAU OF LAND MANAGEMENT
RECEIVED
AUG 23 1985
Carlsbad, New Mexico

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
J.C. Williamson

3. ADDRESS OF OPERATOR
P.O. Box 16 Mildand, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
460' FSL & 660' FEL

5. LEASE DESIGNATION AND SERIAL NO.
NM 21502

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Holly Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26
T-26-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2912.2 GR

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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	XX	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	XX	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other) Re-complete				(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.)*

(1) RU pumping unit. COH w/rods, install BOP; COH w/tbg.

(2) RU W/L, re-perforate Williamson sand w/10 new holes, 30 total w/old perfs. GIH w/tbg. and packe; acidize w/3000 gals. 7 1/2% NEFE acid, swab to recover load.

(3) Swab back acid residue, test well to test tank.

(4) Swab back acid residue, test well to test tank.

(5) Frac Williamson sand w/60,000 gals. 30# cross-link gel and 100,000# sand; SI for day.

(6) Flow back to recover load.

(7) Flow back load, run tbg. in hole, swab well.

(8) Swab well, run down hole and pump and return well to production.

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

SIGNED [signature] TITLE Agent DATE 08-21-85

(This space for Federal or State office use)

APPROVED BY Don Wood acting TITLE [illegible] DATE 10-17-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.