

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88410

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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.)

1. CIL WELL ☒ GAS WELL ☐ OTHER ☐

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface 460' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2899.7' GR 2912.2'

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

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) Workover	<input type="checkbox"/>	(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) Rig up well re-completion unit, pull rods and tubing.
- (2) Set and test plug. Re-perforate Williamson sand w/10 new holes, acidize zone with 3000 gallons 7½% acid, swab back load.
- (3) Swab well to test zone.
- (4) Frac well w/100,000 gallons 30# x-link gel, 200,000# 20/40 sand, 30,000# 10/20 sand.
- (5) Flow back frac, test well.
- (6) Return well to production.

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

SIGNED Jan Pfister

TITLE Production

DATE 06-10-86

(This space for Federal or State office use)

APPROVED BY Mark Zeller
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 6-13-86

*See Instructions on Reverse Side