

DEPARTMENT OF THE INTERIOR (Reverse side)
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COM. SECTION
Drawer 20

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SURVAY NO. NM 20367	
2. NAME OF OPERATOR J.C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16 Mildand, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL		8. FARM OR LEASE NAME MWJ Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 2882.2 GR		10. FIELD AND POOL, OR WILDCAT Brushy Draw Delmar	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVAY OR AREA Sec. 35 T-26-S, R-29-E	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of this work.)		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED BY
AUG 08 1985
O. C. D.
ARTESIA OFFICE

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Intent to Re-complete			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of this work.)

- (1) Bleed down well, pull tubing and rods and set BP @ 5120'.
- (2) Re-perforate Williamson sand with 12 new holes (0.2") from 5022-5030'.
- (3) Re-acidize Williamson sand with 3,000 gals. 7 1/2% NEFE acid at 3.5 BPM 1500 psi.
- (4) Swab back load for 2-3 days and test well, if oil cut significant, frac Williamson sand with 80,000 gals. gelled KCl water and 120,000# 10-20 sand.
- (5) Flow back to clean up well and put well back on production.

Request approval to acidize and fracture treat well as described above.

Called
BLM 10:25 am
8/5/85
will call back.

18. I hereby certify that the foregoing is true and correct		DATE 8-7-85	
SIGNED <i>[Signature]</i>	TITLE Agent		
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE 8-7-85	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side