Use "APPLICATION FOR PERMIT—" for such proposals Use "APPLICATION FOR PERMIT—" for such proposals SUBMIT IN TRIPLICATE 1. Type of Well Other 2. None of Operator 8. Well Nume and No. Ralph E. Williamson 9. Add Well No. 3. Address and Persone 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Add Well No. 3. Address and Persone No. 9. Address and Persone No. 3. December Science No. Production Notice Repart 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF Action 13. Describe Proposed or Completed Operator: Program Report 14. Induct on Completed Operator: Program Report 15. Describe Proposed or Completed Operator: Program Report 16. Describe Proposed or Completed Operator: Program Report 17	DEPARTM BUREAU C SUNDRY NOTICI	ES AND REPORTS ON WELLS	Artesia, NM	Dist. Expires: March 31, 1993
	Use "APPLICATION I			
		IIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Ralph E. Williamson MMJ Federal #1 3. Address and Telephone No. 9. All Well No. P.O. Box 994, Midland TX. 79702 (915) 683-2200 10. Field and Pool, or Exploritory A 4. Location of Well (Foreage, Sec. T. R. M. or Survey Description) Bruishy Draw Del. 35NENE Edd (A + C) 2 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 13 Notice of Inten 3 Subsequent Report Recomptetion 13 Describe Propoed or Completed Operations (Clearly state all periode data). and gore perimet date, including estimated date of starting any proposed work. If well is directional gore stobustize to calcons and measured and the vertical deptis for all markers and sones periment to this work. J* 13 Describe Propoed or Completed Operator: From: J. C. Williamson To:: Ralph E. Williamson Effective: 2-1-01 And the doregoing is true and correct BUREAU OF LAND MANAGEMENT All beetly contrive the doregoing is true and correct Brow Middation of Starting any proposed work. If well is directional		A		8 Well Name and No.
2. Decrete No. 2. O. Dox 994, Midland TX. 79702 (915) 683+2200 4. Location of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of Well (Footage, Ser. T. R. M. or Survey Decreption 3. Directly of the solution of the sol	Ralph E. Williamson			MWJ Federal #1
	3. Address and Telephone No.			9. API Well No.
	4. Location of Well (Footage, Sec., T., R., M., or Survey	TX. 79702 (915) 683+2	200	10. Field and Pool, or Exploratory Area
35NENE Eddy Co., NM. 22 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION 3 Describe Proposed or Completed Operations (Clearly state all perturent data), and give perturent data. Including stimulated data of starting any proposed work. If well is directional 3 Describe Proposed or Completed Operator: From: J. C. Williamson To: Ralph E. Williamson Effective: 2-1-01	2 ··· 3 5 7.	265 8.2951		Brushy Draw Delewar
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Proceed inten Subsequent Report Final Abandonment Nouce Describe Proposed or Completed Operators Change of Operator: From: J.C.Williamson Effective: 2-1-01 Cherch and the foregoing is true and correct Signed Wight and the foregoing is true and correct Si	35NENE			11. County of Parish, State
TYPE OF ACTION Image: Subsequent Report Abandonment Recompletion New Construction Image: Subsequent Report Plugging Back Image: Final Abandonment Notice New Construction Image: Subsequent Report Casing Repair Image: Subsequent Report Dispace Water Change of Operator: From: J.C. Williamson To: Ralph E. Williamson UNDA A. ASKWIG Dispace Mater				Eddy CO., NM.
Image: Subsequent Report Abandonment Image: Subsequent Report Plugging Back Image: State Subsequent Report Dispose Water Image: Subsequent Report Dispose Water Change of Operator: From: J.C.Williamson To: Ralph E. Williamson Effective: 2-1-01 Image: Subsequent Report Image: Subsequent			NOTICE, REPORT	F, OR OTHER DATA
Bubsequent Report Recomption Change of Plass Plugging Back New Construction Plugging Back Describe Proposed or Completed Operations (Clearly state all pertnent details and give pertnent dates, including estimated date of starting any proposed work. If well is directional for apple to the start and measured and time vertical deptits for all markers and zones pertnent to this work.)* Change of Operator: From: J.C. Williamson To: Ralph E. Williamson Effective: 2-1-01 Implement Plugging to the and correct UNDA A. ASKWIG BureAu Of LAND MANAGEMENT Determine foregoing is true and correct Signed Williams Signed Williams me Production 0666			TYPE OF ACTION	
Altering Casing Conversion to Injection Conversion to		Recompletion Plugging Back		
2. Useful Proposed or Completed Operations (Clearly state all perment datals, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* Change of Operator: From: J.C.Williamson To: Ralph E. Williamson Effective: 2-1-01 Image: Subsurface location of the perturbation of the perturbati		Altering Casing Other Change		Conversion to Injection
Change of Operator: From: J.C.Williamson To: Ralph E. Williamson Effective: 2-1-01 APPROVED JAN 2 8 2002 LINDA A. ASKWIG BUREAU OF LAND MANAGEMENT ROSWELL FIELD OFFICE	 Describe Proposed or Completed Operations (Clearly state give subsurface locations and measured and true ver 	all pertinent details, and give pertinent dates, includin tical depths for all markers and zones pertinent to the	ig estimated date of starting an	Completion or Recompletion Report and Log form.) y proposed work. If well is directionally drilled.
To: Ralph E. Williamson Effective: 2-1-01 APPROVED JAN 28 2002 LINDA A. ASKWIG BUREAU OF LAND MANAGEMENT ROSWELL FIELD OFFICE 1 hereby certify that the foregoing is true and correct Signed Wilhull With the foregoing is true and correct				
Effective: 2-1-01 APPROVED JAN 2 8 2002 LINDA A. ASKWIG BUREAU OF LAND MANAGEMENT ROSWELL FIELD OFFICE	From: J.C.Williamson	n		
APPROVED JAN 28 2002 LINDA A. ASKWIG BUREAU OF LAND MANAGEMENT ROSWELL FIELD OFFICE Signed Without Management	To: Ralph E. Will:	iamson		
Signed Wichell Alger	Effective: 2-1-01		JAN 28 LINDA A. AS BUREAU OF LAND N	2002 SKWIG
	I hereby certify that the foregoing is true and correct Signed Michaels Oler	Dreducti		
Signed With the State office use) Title Production Officer Date 8-21-01	910	TitleOUUCTION Of	:Ticer	Date <u>8-21-01</u>
Approved by Title Title Date Date	Approved by Conditions of approval, if any:	Tide		Date

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