

November 1983)
Formerly 9-331)

NM OIL CONS. COM.
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	RECEIVED BY OCT 21 1985 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM0480904-B
2. NAME OF OPERATOR J. C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, 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' FSL & 1980' FEL		8. FARM OR LEASE NAME Ross Draw Unit
14. PERMIT NO. 30-015-not received yet	15. ELEVATIONS (Show whether DF, LF, GR, etc.) 3023.8 GR	9. WELL NO. 11
		10. FIELD AND POOL, OR WILDCAT Ross Draw Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22 T-26-S, R-30-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 ABANDON CASING	WATER SHUT-OFF	REPAIRING WELL
FRACURE TREAT	MULTIPLE COMPLETE	FRACURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANT	(Other) Spud & surface casing	
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Include all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is deepened or drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Spudded well 10-15-85 8:15 am.

10-15-85 Ran 13 3/8" casing. Set and cemented @ 625' w/650 sx Class "C", 2% CaCl, 1/4# floccle/sx. PD @ 8:30 pm 10-15-85. Circulated 300 sx.

I hereby certify that the foregoing is true and correct.

SIGNED: Kala P. [Signature] TITLE: Agent DATE: 10-17-85

(This space for Federal or State office use)

APPROVED BY: ACCEPTED FOR RECORD TITLE: DATE:

CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1985

*See Instructions on Reverse Side

CARISBAD, N.M. MEXICO

Any person who knowingly and willfully makes or causes to be made in any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.