November 1983) UNITED STATES (Other instructions on reverse side) Expires August 31, 1985

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

RECEIVED BY O. C. D. ARTESIA, OFFICE

OCT 29 1985

Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO.: NM 0480904-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: J.C. Williamson

8. FARM OR LEASE NAME: Ross Draw Unit

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

9. WELL NO.: 11

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 1930' FEL

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

14. PERMIT NO.: 30-015-not received yet

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3028.8 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	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Intermediate casing			
(Other)				(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.)*

10-20-85 Set and cemented 8 5/8" casing @ 3257' w/250 sx Class "C", 2% CaCl, 1/4# flocele/sx. PD @ 2:00 am 10-21-85.

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

SIGNED [signature] TITLE Agent DATE 10-22-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 23 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

NMOCD

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.