c/sf

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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.)

RECEIVED BY
SEP 25 1985
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM 17225 B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Abby Federal
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: West Ross Draw Del.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 28 T-26-S, R-30-E
12. COUNTY OR PARISH: Eddy
13. STATE: NM

OIL WELL X 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: 767' FSL & 467' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 2988.1 GR

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	XX	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	XX	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other) Re-complete							

(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) Set CIBP @ 4800' w/ W/L; test plug to 2000# for 5 minutes.

(2) Perforate Delaware sand from 4298-4313' w/15 holes; 1 shot/foot.

(3) Adidize perfs. w/2000 gals. 7 1/2% acid.

(4) Swab back acid residue and load to test well to test tank.

(5) If results favorable, fracture treat well w/15,000 gals. gelled KCl water, 30,000# 20/40 sand.

(6) Flow back frac load until well dies.

(7) Test well for 48 hrs. by continuous swab testing.

(8) Put well back on production.

AUG 23 1985

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

SIGNED Karla D. Sutton TITLE Agent DATE 08-21-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-24-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 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.