Form 3160-5 November 1983) Formerly 9-331) DEPARTM BUREAL	JI ED STATES IEN I OF THE INTER J OF LAND MANAGEMEN	SUBMIT IN TRF. (Other instructio. Verse side)	ATE*	Form approved. Budget Bureau N Expires August 5. LEASE DESIGNATION NM 54998	31, 1985 AND SERIAL NO.	c/SF
SUNDRY NOTI	CES AND REPORTS	Dack to a different reserve	ılr.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
I. OIL GAS OTHER		AUG 7= 1987		7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR		O. C. D.		8. FARM OR LEASE NAME		
Ralph E. Williamson /		RTESIA, OFFICE		Stateline Federal		
3. ADDRESS OF OPERATOR				9. WELL NO.		
805 One First City Cer	1					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface				Brushy Draw Delaware		
At suitace	11. SEC., T., B., M., OR BLK. AND					
740' FNL & 330' FWL				Sec. 35 <u>4</u> 9		
740 FNL & 350	T-26-S, R-30-E					
14 PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH			
14. PERMIT NO.	<i>bi</i> , <i>ii</i> , <i>ii</i> , <i>iii</i> , <i>ii</i> , <i>i</i>		Eddy	NM		
	2890 GR			Eddy		
16. Check Ap	propriate Box To Indicate	Nature of Notice, Rep	ort, or O	other Data		
NOTICE OF INTENTION TO:			SUBAEQU	UENT REPORT OF :		
	CLL OR ALTER CASING	WATER SHUT-OFF	ſ	REPAIRING W		
	ULTIPLE COMPLETE	FRACTURE TREATM	ENT	ALTERING CA	BING	
				ABANDONMEN	IT*	
	BANDON*					
REPAIR WELL CHANGE PLANS (Other) (Note: Report results			of multiple completion on Well			
(Other) Change of Operator Completion or Recompletion or Recompletion or Recompletion of Recom						-
 DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction nent to this work.)* 	AATIONS (Clearly state all pertin nally drilled, give subsurface to	ent details, and give pertin cations and measured and t	ient dates, rue vertica	including estimated dat i depths for all markers	e of starting any and gones perti-	-

I hereby designate Ralph E. Williamson as the Operator of the above described well.

18. I hereby certify that the foregoing is true and correct SIGNED U.C. WILLIAMSON	TITLE Present Operator	July 28, 1987
(This space for Federal or State office use) APPROVED BY Rectional Mann CONDITIONS OF APPROVAL, IF ANT:	TITLE	DATE

*See Instructions on Reverse Side

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