

NM 20367

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		NOV 15 1985 O. C. D. ARTESIA, OFFICE	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR J.C. Williamson ✓			8. FARM OR LEASE NAME MWJ Federal		
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702			9. WELL NO. 2		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL			10. FIELD AND POOL, OR WILDCAT Brushy Draw - Delaware		
14. PERMIT NO.		15. ELEVATIONS (Show whether DE, RT, CR, etc.) 2891.4 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35 T-26-S, R-29-E	
				12. COUNTY OR PARISH 13. STATE Eddy NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>

(Other) Intent to Re-complete

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(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) Bleed down well, pull tubing and rods and set BP @ 5020'.
- (2) Re-perforate Williamson sand with 12 new holes (0.2") from 4987-5068'
- (3) Re-acidize Williamson sand with 3,000 gals 7 1/2% NEFE acid at 3.5 BPM, 1500 psi.
- (4) Swab back load for 2-3 days and test well, if oil cut is significant, frac Williamson sand with 80,000 gals. gelled KCl water and 120,000# 10-20 sand.
- (5) Flow back to clean up well and put well back on production.

Request approval to acidize and fracture treat well as described above.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side