

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-01-10
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-20367

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MWJ Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35, T-26-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. GIL WELL ☒ 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

660' FNL & 1980' FEL

14. PERMIT NO.

30-015-24551

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

2891.4' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Workover Well

<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

- (1) Rig up well re-completion unit, pull rods and tubing.
- (2) GIH w/RBP to 5120'; set and test plug. Re-perforate Williamson sand w/11 new holes, acidize zone with 3000 gallons 7 1/2% acid, swab back load.
- (3) Swab well to test zone.
- (4) Frac well w/100,000 gallons 30# x-link gel, 200,000# 20/40 sand, 30,000# 10/20 sand.
- (5) Flow back frac, test well.
- (6) Bail sand and pull RBP.
- (7) Return well to production.

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

SIGNED

Jan Pfister

TITLE Production

DATE 06-10-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 6-13-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side