

~~ROSWELL OFFICE COPY~~
NM OIL CONS. COMMISSION

Form Approved.
Budget Bureau No. 42-R1424

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ 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. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL
AT TOP PROD. INTERVAL: 1980' FSL & 1980' FWL
AT TOTAL DEPTH: 1980' FSL & 1980' FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

☐
☐
☐
☐
☐
☐
☐
☐

(other) Spud, run and set csg., X

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.)*

Spudded well at 10:15 PM. 9-23-83

9-24-83 Ran 10 joints of 12-3/4" 35# casing set at 370'. Cemented with 425 sx Class "C" 2% CaCl. Plug down at 11:15 A.M. 9-24-83. Circulated 200 sacks cement.

Subsurface Safety Valve: Manu. and Type Shaeffer 11" double ram 3000# Set @ 565 Ft.

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

SIGNED [Signature] TITLE Production Secretary DATE 10/14/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 18 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO

5. LEASE NM-35607	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	RECEIVED BY
7. UNIT AGREEMENT NAME	OCT 19 1983
8. FARM OR LEASE NAME UCBHHW FEDERAL	O. C. D. ARTESIA, OFFICE
9. WELL NO. 4	
10. FIELD OR WILDCAT NAME Brushy Draw - Delaware	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, 25, T-26-S, R-29-E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 2936.9	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

