

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

SUBMIT IN TRIP DATE
(Other instructions on re-
lease forms)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-19609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Holly "A" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Brushy Draw DELAWARE

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1.

OIL ☒ GAS ☐
WELL ☒ 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

2173' FNL & 1980' FEL

14. PERMIT NO.

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

2907.0 GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

XX

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

XX

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

XX

ABANDON*

REPAIR WELL

XX

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

ALTERING CASING

ABANDONMENT*

(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) Pull tubing and strip out rods and pump
- (2) Set RBP @ 3500', test plug to 2000# for 5 min., reset and retest
plug until it holds, then proceed
- (3) Perforate Olds Sand from 3046-3056' w/8 holes (hole diameter 0.41")
- (4) Acidize Olds zone with 1000 gals. 15% acid @ 2.5 BPM and 1500# pressure
- (5) Swab test well
- (6) Fracture treat well w/2000 gals. gelled KCl water, 4000# 10/20 sand @
8 BPM, 2000# pressure
- (7) Flowback frac water and return well to production

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

SIGNED

Kyle D. Schmidt

TITLE

Production

DATE

10-01-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10-9-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

OCT 2 11 07 AM '87
OIL & GAS
ARTIFICIAL LIFT