

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYDrawer DD  
Artesia, NM

5. BASIN 88210 NM 20367	RECEIVED 31 MAY 1 1984
6. IF INDIAN, ALLOTTEE OR INDIAN NAME	
7. UNIT AGREEMENT NAME	O. C. D. ARTESIA, OFFICE
8. FARM OR LEASE NAME	MWJ Federal
9. WELL NO.	3
10. FIELD OR WILDCAT NAME	South Brushy Draw
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Section 35 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)	2876.4 GR

## 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: 330' FSL & 1800' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(other) Surface & Intermediate Casing

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

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.)\*

1-09-84 Spud @ 10:00 A.M. Ran 9 Joints 12-3/4", 35#, H40, ST&C (366.16') surface casing set @ 365' cemented with 375 sacks Class "C" w/2% CaCl & 1/4# floccel, Plugged down @ 9:00 PM 1-9-84, circulated 5 sacks.

1-13-84 Ran 69 Joints 8-5/8" casing (35#, K-55, ST&C) set @ 2822' cemented with 150 sacks Class "C" w/2% CaCl, plugged down @ 6:00 PM 1-13-84

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Manager DATE January 19, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_CONDITIONS OF APPROVAL: MAY 9 1984

Carlsbad,

NEW MEXICO

\*See Instructions on Reverse Side