

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 (REPLACE LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FEL & 330' FSL
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) Spud & surface casing	

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.)*

1-23-84 Spud 9:00am.
Ran 9 joints 12 3/4" 35# H40 ST&C (362.74'); casing set @ 360'
cemented with 400 sacks Class "C" with 2% CaCl and 1-3/4#
flocele/sack, circulated 75 sacks, PD 5:45 pm.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Secretary DATE 1-24-84

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: APR 9 1984

5. LEASE
NM 17225B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Abby Federal

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Ross Draw

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28
T-26-S R-30-E

12. COUNTY OR PARISH
Eddy Co.

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED BY
APR 12 1984
O.C.D.
ARTESIA, OFFICE

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