Form 3160-5 November 1983)		UNIT. STATES	Nisony in incident	PION 15	Form approved. Budget Bureau No. 1004-0135 ON Expires August 31, 1985	
Formerly 9-331)		MENT OF THE INT	ERIOBrawer 1000 NENT Artesia, 782 :	r:o+o a o	5. LEASE DESIGNATION AND SERIAL NO.	
	···			<u> </u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
ATO A was able for	- for Brono	ICES AND REPORT	ing back to a different reading	őlr.		
OIL GAS	1				7. UNIT AGREEMENT NAME	
WELL WELL WELL	OTHER		MAY 1 1 1984	 	8. FARM OR LEASE NAME	
J.C. William	ıson		O. C. D.		Abby Federal	
. ADDRESS OF OPERATOR			ARTESIA, OFFICE		9. WBLL NO.	
P.O.ox 16, Midland, Texas 79702 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2130' FEL & 330' FSL					10. FIELD AND POOL, OR WILDCAT ROSS Draw - Deducate 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA Sec. 28	
4. PERMIT NO.		15. ELEVATIONS (Show wheth	per DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE	
	· - · · - · - · - · - · - · - · - · - ·	2960.5			Eddy N.M.	
6.	Check A	opropriate Box To Indica	te Nature of Notice, Rep	port, or O	ther Data	
NO	CICE OF INTER	ITION TO:	SUBBEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING	WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT SHOOT OR ACIDIZE		MULTIPLE COMPLETE ABANDON®	FRACTURE TREATM		ALTERING CABING ABANDONMENT®	
REPAIR WISHL		CHANGE PLANS	(Other) Set	8-5/8"	casing	
(Other)					of multiple completion on Well etion Report and Log form.)	
1-27-84	cemente	jts. 8=5/8" 24 & : d with 150 sacks wn @ 4:00 am 1-28	32# K-55 ST&C, cas Class"C" with 2% C -84.	ing set	1/4# flocele/sack.	
					IN 15-WW-2F	
GETTE CERTIFY THAT TO	- i K	E true and correct TYTLD	Secretary		DATE 1-30-84	
ιορράτης, ητ	SW	A TITLE			DATE	
CONDITIONS OF APP	MAY 1	91984				

*See Instructions on Reverse Side