

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
reverse side)

TE*

SECTION

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

dsf

LEASE DESIGNATION AND SERIAL NO.

NM 17225 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Abby Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Ross Draw *Delaware*

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

Sec. 28

T-26-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

2130' FEL & 330' FSL

14. PERMIT NO.

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

2960.5

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PCLL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) Set 4-1/2" casing

(Other)

(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.)*

2-3-84 Ran 138 jts. of 4-1/2" J-55 ST&C casing (5750.21'); Casing set at 5750' (DV at 4247') 5753.23. Cemented 1st stage w/500 sacks 50/50 poz-e, 6# salt and 1/4# Flocele/sk. PD at 11:45 pm 2-3-84. Didn't circulate cement.

RECEIVED
FEB 7 9 58 AM '84
BUT
HOSCO
4247

I hereby certify that the foregoing is true and correct

SIGNED

TITLE Secretary

DATE 2-6-84

(This space for Federal or State Office Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 14 1984

*See Instructions on Reverse Side