

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

Form approved  
Budget Bureau No. 1004-0138  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	MAR 14 1984	5. LEASE DESIGNATION AND SERIAL NO.	NM 20369
2. NAME OF OPERATOR J.C. Williamson	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702	ARTESIA, OFFICE	7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 467' FEL	MAR 06 1984 DIST. 6 N. M. ROSWELL, NEW MEXICO	8. FARM OR LEASE NAME Wright Federal	
		9. WELL NO. #1	
		10. FIELD AND POOL, OR WILDCAT Wildcat Delaware	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 15 T-26-S, R-30-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3183.4	12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Change of pipe program & BOP program	
(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.) \*

03-02-84

This well is to be started and drilled to approx. 3500' (300' into the Delaware sand) with cable tools (J.C. Williamson Rig #1): The well may be deepened from this depth to 5400' with a completion unit and reverse unit if geologically this can be justified.

The revised hole and pipe program will be:

Size of Hole	Size of Casing	Wt./ft.	Setting Depth	Quantity of Cement
12 1/2"	10 3/4"	40#	350'	300 sx suff. to circulate
10 "	8 5/8"	24#	1200'	Set but not cmnted (to shut off water & be pulled)
8"	7"	17#	2900'	Set & cmnted if need be prior to entering the Delaware.
6"	4 1/2"	10.5#	3500' or TD	200 sx or suff. to tie back to the bone of the salt.

Prior to entering into the Delaware sand, a 6" 3000# annular BOP will be installed over the hole to prevent any blowout possibilities.

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

SIGNED [Signature]

TITLE Secretary

DATE 3-02-84

(This space for Federal or State office use)

APPROVED BY

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

(Orig. Sgd.) PETER W. CHESTER

MAR 13 1984

\*See Instructions on Reverse Side