

UN ED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION

Drawn BY
DATE
(Other instructions on re-
vised form 88210)

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

C1873

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY MAY 18 1984 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 20369
2. NAME OF OPERATOR J.C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O.Box 16, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with applicable State requirements. See also space 17 below.) At surface 330' FSL & 467' FEL		8. FARM OR LEASE NAME Wright Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3183.4	9. WELL NO. #1
		10. FIELD AND POOL, OR WILDCAT Wildcat Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15
		12. COUNTY OR PARISH T-26-S, R-30-E
		13. STATE Eddy NM

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

NOTICE OF INTENTION TO:

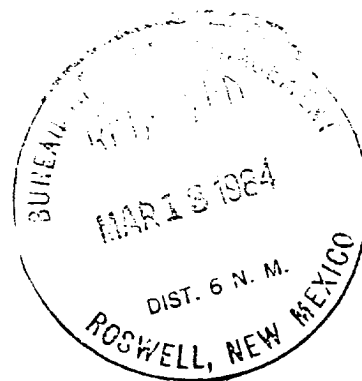
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OF ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Set 10 3/4" Surface Pipe</u>	

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) <u>Set 10 3/4" surface pipe.</u>	
(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.) *

3-09-84 Set 10 3/4" surface pipe @ 401', cemented with 350 sx Class C cement
Waited 4 hours; Ran 1" pipe to 147', logged cement, cemented back
to surface with 150 sx; circulated 5 sx; now WOC.



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

SIGNED [Signature]

TITLE Secretary

DATE 3-12-84

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL

TITLE

DATE

MAY 15 1984

Parished, NEW MEXICO

*See Instructions on Reverse Side