

BLM CARLSBAD
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T. (Other instructions on reverse side)

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

SUNDRY NOTICES AND REPORTS ON RECEIVED BY
(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 ☒ 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
330' FSL & 467' FEL

RECEIVED BY
JUN 11 1986
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. NM-20369
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Sun Ex Federal Unit
8. FARM OR LEASE NAME SUN Ex Fed. Unit, Wright Federal
9. WELL NO. # 3
10. FIELD AND POOL, OR WILDCAT North Ross East Brushy Draw Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-26-S, R-30-E
12. COUNTY OR PARISH Eddy
13. STATE New Mexico

14. PERMIT NO. 30-015-24779
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3183.4' GR

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 PLANE	<input type="checkbox"/>
(Other) Change Lease Name	<input checked="" 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 type="checkbox"/>		

(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.)

This well is located within the boundary of the Sun Ex Federal Unit (NM 061P35-86U338) and produces unitized substances as defined in the Unit Agreement. Therefore, we wish to

J.C. Williamson is the operator of this well and is also the operator of the Sun Ex Unit.

Post FD-3
6-20-86
Clig Well Name

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

SIGNED Jan P. [Signature] TITLE Production DATE May 28, 1986

(This space for Federal or State office use)
Area Manager

APPROVED BY [Signature] TITLE DATE 6-10-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side