

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

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

215F

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. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 760' FNL & 660' FEL	5. LEASE DESIGNATION AND SERIAL NO. NM-20966	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME New Era Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Undesignated Delaware	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-26-S, R-30-E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO. 30-015-24831	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3121.0' GR											

RECEIVED BY
SEP - 4 1986
O.C.D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* (Temp.) <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

We would like to continue temporary abandonment of this well, with the well to become a saltwater disposal well. It is our intention to make formal application for a saltwater disposal permit. The permit will be made in the name of CRW-SWD, Inc., which is the successor to Stateline Ltd., as the major saltwater disposal company in this area.

APPROVED FOR 1/2 MONTH PERIOD
ENDING 9/3/87

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

SIGNED Jan Pfister TITLE Production DATE 08-18-86

(This space for Federal or State office use)

APPROVED BY DATE 9-3-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side