

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st St. at
Artesia, NM 88210-2834

Form 3160-1
Bureau Form No. 1004-0145
Expires: March 31, 1993
Form Designation and Serial No.
NM-20966

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator J.C. Williamson	8. Well Name and No. New Era Federal #1
3. Address and Telephone No. P.O. Box 16, Midland, TX 79702 (915) 682-1797 Roger Massey: (915) 570-7087	9. API Well No. 30015-24831
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 19, T-26-S, R-30-E	10. Field and Pool, or Exploratory Area Undesignated Delaware
	11. County or Parish, State Eddy, NM

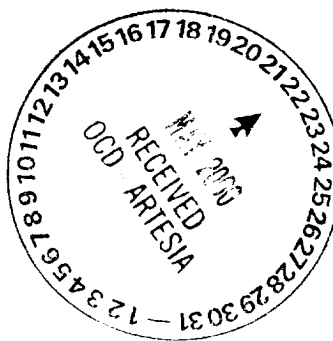
12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

5-09-00 Notify BLM.
5-09-00 Spot 70 sx cmt. @ 3500'.
5-10-00 Tag Plug @ 3241'.
5-10-00 Circulate hole w/ mud.
5-10-00 Spot 35 sx cmt. @ 730-630'.
5-10-00 Spot 15 sx cmt. from 50' to Surface.
5-12-00 Install dry hole marker.



RECEIVED
2000 MAY 17 A 10:39
BUREAU OF LAND MANAGEMENT
OFFICE OF THE AREA

Approved as to plugging of the well hole.
Liability under bond is retained until
surface restoration is completed.

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

Signed David R. Glass Title Area-Manager Date 5-15-00
(This space for Federal or State office use)
Approved by (OP:IG, SGD.) DAVID R. GLASS Title PETROLEUM ENGINEER Date MAY 19 2000
Conditions of approval, if any: