

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Submit in this
(Other instruction
verse side)

Expires August 31, 1985

45P

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SUNDRY NOTICES AND REPORTS ON WELLS

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 ☐ ARTESIA ☐ OTHER ☐

2. NAME OF OPERATOR
J.C. Williamson

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

2982.0 GL

5. LEASE DESIGNATION AND SERIAL NO.

NM 19609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HOLLY "A" FEDERAL

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

BRUSHY DRAW

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26

T-26-S, R-29-E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) 4 1/2" casing

(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.)

01-03-85 Ran 149 fts. 4 1/2" 10.5# STC R-3 Nipon casing. Cemented 1st stage w/500 sx Class "C", 50-50 poz, 8# salt/sx & 1/4# flocl/sx. Opened DV tool, circulated to pit. Recovered 100 sx cement to pit. Cemented 2nd stage w/650 sx Class "C", 50-50 poz, 8# salt/sx & 1/4# flocl/sx. PD @ 9:00 pm.

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

SIGNED *Kate O'Leary*

TITLE Agent

DATE 01-04-85

(This space for Federal or State office use)

APPROVED BY *[Signature]*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 11 1985

*See Instructions on Reverse Side