

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other Instructions on Reverse Side)

Expires August 31, 1985

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"/>	<b>RECEIVED BY</b> <b>APR 11 1986</b> <b>ARTESIA, OFFICE</b>	5. LEASE DESIGNATION AND SERIAL NO. NM-24777
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 any State requirements.* See also space 17 below.) At surface 710' FSL & 660' FWL		8. FARM OR LEASE NAME Ingram-Grooms Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, BT, GR, etc.) 3076' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT E. Bousby Draw Wildcat Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ALBA Sec. 9, T-26-S, R-30-E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Re-complete		(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.)\*

- (1) Rig up completion unit, COH w/rods & tbgs. GIH w/pkr. & plug. Set plug above MWJ zone (6631-6638) and Swab Pioneer sand (6324-6361').
- (2) Swab Getty zone (5901-5925').
- (3) Swab Williamson zone (5609-5645').
- (4) Re-perf and acidize Williamson zone, swab back, acid. and test well. (5578-5607' & 5505-5514').
- (5) If results favorable, frac Williamson zone w/150,000 gals 30# cross-link gel & 350,000# sand.
- (6) Flow back load.
- (7) Return to Production.

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

SIGNED

TITLE

Production

DATE

04-03-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4-9-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side