

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-13997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

ARTESIA, OFFICE

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

1980' FSL & 1980' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EP-USA

WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

BRUSHY DRAW DELAWARE

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

Sec. 26, T26S, R29E

14. PERMIT NO.

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

2888.2 GR

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:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Amend surface csg. plan

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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☐

(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.)

AS PER VERBAL APPROVAL FROM THE BLM, WE ARE HEREBY REQUESTING
TO CHANGE OUR SURFACE CASING PLAN;

13-3/8" 72# Britt casing, set @ 425', cemented with 450sx Class "C" 2%CaCl
& 1/4# floeal/sx.

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

SIGNED

TITLE Agent

DATE 2/28/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side