(November 1983) **UNITED STATES**
(Formerly 9-331) **DEPARTMENT OF THE INTERIOR**
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 ☑ GAS ☐ OTHER ☐

5. LEASE DESIGNATION AND SERIAL NO.	NM 13997
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	

2. NAME OF OPERATOR
J.C. Williamson ✓

8. FARM OR LEASE NAME
EP-USA

3. ADDRESS OF OPERATOR
P.O. Box 16 Midland, Texas 79702

9. WELL NO.
8

1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT
Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26
T-26-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2888.2 GL

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:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐		WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐		FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐		SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐		(Other) _Intermediate Casing_	
(Other)			(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.)*

3-06-85 Ran 8 5/8" casing. Set @ 2775'. Cemented w/150 sx Class "C", 2% $CaCl_2$.
PD @ 9:30 am on 03-05-85.

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

SIGNED _____ TITLE ____Agent____ DATE _3-07-85_

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 11 1985

*See Instructions on Reverse Side