

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 13997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EP-USA

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Brushy Draw *De la Cruz*

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

Sec. 26

T-26-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 ☐

2. NAME OF OPERATOR

J.C. Williamson

3. ADDRESS OF OPERATOR

P.O. Box 16 Midland, Texas 79702 ARTESIA, OFFICE

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

14. PERMIT NO.

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

2888.2 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Production Casing

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

3-13-85 Ran 5 1/2" casing and set @ 6250'. Cemented 1st stage w/400 sx Class "C", 50-50 Poz, 6# salt/sx, 1/4# floseal/sx. PD @ 3:00 pm on 3-12-85; circulated 30 sx. Cemented 2nd stage w/600 sx Class "C", 50-50 Poz, 6# salt/sx, 1/4# floseal/sx. PD @ 10:00 pm 3-12-85.

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

SIGNED Kald D. Schmidt

TITLE Agent

DATE 03-13-85

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

