

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

4125
3 re

Expires August 31, 1985

RECEIVED BY
NM 13997
MAR -6 1985
O.C.D.
ARTESIA, OFFICE

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"/>	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' FEL & 1960' FSL	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 2899.5 GL	6. LEASE, SECTION AND SERIAL NO. NM 13997	7. IF INDIAN ALLOTTEE OR TRIBE NAME O.C.D. ARTESIA, OFFICE	8. FARM OR LEASE NAME EP-USA	9. WELL NO. 7-Y	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	12. COUNTY OR PARISH Eddy	13. STATE NM
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10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Production 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.) *

2-27-85 Ran 5 1/2" production casing. Set @ 6300' (TD). Cemented 1st stage w/450 sx Class "C", 50-50 Poz, 6# salt/sx, 6# floreal/sx. PD @ 2:45 pm 2-26-85. Circulated 25 sx off of DV tool. Cemented 2nd stage w/650 sx Class "C", 50-50 Poz, 6# salt/sx, 1/4# floreal/sx. PD @ 9:45 pm 2-26-85. Rig released @ 2:00 am on 2-27-85.

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

SIGNED Kala A. Schmidt

TITLE Agent

DATE 2-28-85

(This space for Federal or State office use)

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

TITLE

DATE

*See Instructions on Reverse Side