

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
OTHER INSTRUCTIONS
(See side)

Form approved
Budget Bureau No. 1004-0135
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. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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. 7-Y
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1960' FSL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-26S-29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2899.5' GR		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:

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Open new zone		<input checked="" 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)			

(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) Pull rods, Down-hole pump and tubing out of hole.
- (2) Set RBP @ 3100', test RBP to 1000#, if holding then continue:
- (3) Perforate Ramsey Sand from 2992-3000', 6 holes 0.42" in diameter.
- (4) Acidize same with 1000 gallons 7-1/2% NEFE.
- (5) Swab test well, if favorable then:
- (6) Fracture treat well with 4000 gallons gelled Kcl water and 8000# sand.
- (7) Swab back and test well.
- (8) Return well to production.

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

SIGNED Jan Pfister for R.E. Williamson TITLE Engineer

DATE 06-08-93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUN 18 1993

*See Instructions on Reverse Side