

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)
Subject Bureau No. 1004-0135
Expires August 31, 1985

Artesia, NM 88210

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"/>		RECEIVED BY JUN 11 1986 O. C. D. ARTESIA, OFFICE	3. LEASE DESIGNATION AND SERIAL NO. NM-0554499	
2. NAME OF OPERATOR J.C. WILLIAMSON ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 16 MIDLAND, TEXAS 79702			7. UNIT AGREEMENT NAME ROSS DRAW	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 660' FWL			8. FARM OR LEASE NAME ROSS DRAW UNIT	
14. PERMIT NO. 30-015-25208		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3009.2' GR		9. WELL NO. 14
				10. FIELD AND POOL, OR WILDCAT UNDESIGNATED DELAWARE
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-26-S, R-30-E
				12. COUNTY OR PARISH EDDY
				13. STATE NEW MEXICO

15. 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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other) Workover			

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) COH w/rods and tubing.
- 2) Set retrievable BP @ 6250'.
- 3) Shoot Delaware zone @ 5958-6017' w/21 holes.
- 4) Acidize zone w/2500 gals. 7½% acid.
- 5) Swab well to test tank to test zone.
- 6) Fracture treat zone w/70,000 gals. gelled KCl water; 155,000# sand @ 45 bpm, 1800# pressure.
- 7) Flow back frac to recover load and to test zone after shutting well in overnight.
- 8) Swab test well when well stops flowing. Kill well and GIH to retrieve BP.
- 9) Run back tubing and rods to 5800' and put well back on production.

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

SIGNED Jan Pfister TITLE Production DATE 05-29-86

(This space for Federal or State office use)

APPROVED BY Jan Pfister TITLE Production DATE 6-10-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side