

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other Instructions on Reverse Side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0554499

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Ross Draw

8. FARM OR LEASE NAME

Ross Draw Unit

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Ross Draw-Delaware, East

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

Sec. 26, T26S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE  
New Mexico

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 ☒ GAS WELL ☐ OTHER ☐

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

2310' FSL & 660' FWL

14. PERMIT NO.

30-015-25208

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

3009.2' 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) Work-over

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.)\*

(1) COH w/rods, downhole pump and tubing. (3-20-87)

(2) Set retrievable bridge plug @ 6490'. (3-20-87)

(3) Shot Delaware zone @ 5960-6030' w/17 holes. (3-20-87)

(4) Acidized zone w/3000 gallons 7½% NEFE acid. (3-20-87)

(5) Swabbed back load to test well, swab test favorable, all oil recovered saved. (3-21, 3-22-87)

(6) Fractured treated well w/5700 gallons gelled Kcl water, 110,000# 20-40 sand, 15,000# 10-20 sand @ 41 BPM @ 1500#. (3-23-87)

(7) Flowed back and swabbed back load to test well after shutting well in overnight. (3-24 thru 3-27-87)

(8) Ran back tubing and downhole pump and rods. (3-27-87)

ACCEPTED FOR RECORD

APR 8 1987

CARLSBAD, NEW MEXICO

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

SIGNED

Jan Pfister

TITLE Production

DATE 04-03-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side