

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL COM. COMMISSION
Draper, Da
Artesia, NM 88210

215F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or produce or pump out of 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 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FWL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, FT, GR, etc.) 2964.7 GR	RECEIVED BY AUG 13 1985 O. C. D. ARTESIA, OFFICE
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5. LEASE DESIGNATION AND SERIAL NO. NM 35607 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME UCBHWW Federal 9. WELL NO. 7 10. FIELD AND POOL OR WILDCAT Brushy Draw Delaware 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25 T-26-S, R-29-E 12. COUNTY OR PARISH Eddy 13. STATE NM
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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 ☐
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ FRACTURE TREATMENT ☐ SHOOTING OR ACIDIZING ☐ (Other) ☐ Intermediate Casing	REPAIRING WELL ☐ ALTERING CASING ☐ ABANDONMENT ☐
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(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.)*

8-03-85 Ran 8 5/8" casing. Set and cemented @ 2920' w/150 sx Class "C" & 2% CaCl. PD @ 8:30 am 8-3-85. Top of cement @ 2378'.

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

SIGNED Kala J. Smith
(This space for Federal or State office use)

TITLE Agent

DATE 8-05-85

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

TITLE

DATE

AUG 12 1985

*See Instructions on Reverse Side

CARISAD, N.L. MICO