

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

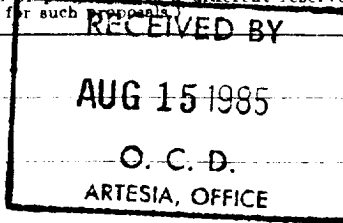
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ 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



5. LEASE DESIGNATION AND SERIAL NO. CKF

NM 35607

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

UCBHW 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

14. PERMIT NO.

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

2964.7 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 COMPLETION ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐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.)

8-8-85 Ran 5 1/2" casing, set and cemented 1st stage @ 6350' w/350 sx pos C, 6# salt/sx, 1/4# flocele/sx. PD @ 4:15 pm 8-8-85. Circulated 50 sx off DV tool. Cemented 2nd stage w/500 sx pos C, 6# salt/sx, 1/4# flocele/sx. PD @ 11:15 pm 8-8-85. Rig released @ 1:15 am 8-9-85.

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

SIGNED

Kala D. S. S.

TITLE

Agent

DATE

8-12-85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

AUG 13 1985

*See Instructions on Reverse Side