

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instruct on re-
verse side)

751
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 19609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Holly "A" Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delaware

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

Sec. 26

T-26-S, R-29-E

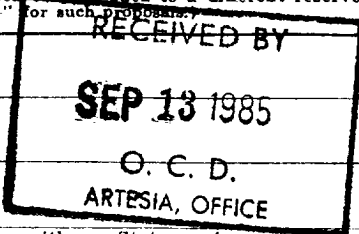
12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

990' FNL & 1910' FWL

14. PERMIT NO.

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

2893.6 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud & Surface Casing

(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.)*

9-09-85 Spud approx. 11:00 am.

0-09-85 Set and cemented 13 3/8" casing @ 440' w/500 sx Class "C", 2% CaCl, 1/4# flocele/sx. PD 11:30 pm 9-09-85. Did not circulate. 1" tag cement @ 64', 1" w/100 sx Class "C", w/4% CaCl, circulated 10 sx. Job complete @ 4:00 am 9-10-85.

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

SIGNED

Kela J. Schindler

TITLE

Agent

DATE

9-10-85

(This space for Federal or State office use)

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

TITLE

DATE

Jurl
SEP 12 1985

*See Instructions on Reverse Side