c/SF

NM OCD
Drawer
Artesia, NM

DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

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.)

RECEIVED BY
AUG 22 1985
O. C. D.
ARTESIA, OFFICE

1. OIL WELL X 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
~~1980~~ 1880' FNL & 660' ~~FWL~~ FEL

5. LEASE DESIGNATION AND SERIAL NO.
NM 20966

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
New Era Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
~~Brushy Draw~~ ~~Und.~~ Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19
T-26-S, R-30-E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3056.8 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

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

8-12-85 Ran 13 3/8" casing. Set and cemented @ 642' w/675 sx Class "C", 2% CaCl and 1/4# flocele/sx. PD @ 9:15 am 8-11-85, circulated 150 sx.
[redacted]

8-10-85 Spud well approx. 10:45 am .

AUG 14 1985

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

SIGNED Kala D Schmidt TITLE Agent DATE 8-13-85

(This space for Federal or State office use)

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

AUG 20 1985
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.