

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

qsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug wells or to conduct operations.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<div>RECEIVED BY</div> <div>MAR 27 1987</div> <div>O. C. D.</div> <div>ARTESIA OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR J.C. Williamson			NM-20966	
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' FNL & 660' FEL			7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-015-25326		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3056.8' GR		8. FARM OR LEASE NAME New Era Federal
				9. WELL NO. 2
				10. FIELD AND POOL, OR WILDCAT Undesignated Delaware
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T26S, R30E
				12. COUNTY OR PARISH Eddy
				13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>		(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.) *

After pulling rods and tubing, and recovering approximately 2550' of 5-1/2" and 8-5/8" casing, the following plugging procedure will be under taken:

- (1) set CIBP @ 5425 and put 35' of cement on CIBP with wireline bailer.
- (2) set 100' plug from 3200-3300' inside 5-1/2" casing, do not tag.
- (3) set 100' plug across stub of 5-1/2" and 8-5/8" casing at approximately 2600-2500'. If one plug cannot be set to cover 50' in and out of each stub, separate plugs will be set. Each plug 1 or 2 will be tagged.
- (4) set 100' plug @ 1600-1500' do not tag.
- (5) set 100' plug from 725-625', in and out of surface casing set @ 675', tag plug.
- (6) set 50' surface plug and set dry hole marker.
- (7) remove all equipment from location, when use can be found.
- (8) restore location as per BLM requirements.

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

SIGNED Jan. Rister

TITLE Production

DATE 03-20-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side