

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamosa, NM 88210

COMMISSIONER
(Other instruct.
verse side)

CATE
OR FE

Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY SEP 11 1985 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 19609	
2. NAME OF OPERATOR J.C. Williamson			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 790' FNL & 1930' FEL			8. FARM OR LEASE NAME HOLLY "A" FEDERAL	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2885.2 GR		9. WELL NO. 6
				10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware
				11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 26 T-26-S, R-29-E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud, 13 3/8" & 8 5/8" casing	<input type="checkbox"/>		<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.)*

08-28-85 Sprudded well @ approx. 9:00 am.

08-28-85 Set and cemented 13 3/8" casing @ 362' w/400 sx Class "C", 2% CaCl, 1/4# flocele/sx. PD @ 9:45 pm 8-28-85. Did not circulate. Tagged up 1" @ 110'. Cemented 1st stage-35 sx Class "C", 2% CaCl, 1/2# flocele/sx. Job complete @ 11:15 pm, no returns. 2nd stage-60' cement w/1", 36 sx Class "C", 2% CaCl, 1/2# flocele/sx, circulated - got returns. Job complete @ 1:00 am 8-29-85.

09-01-85 Set and cemented 8 5/8" casing @ 2783' w/150 sx Class "C", 2% CaCl, PD @ 1:15 am 09-02-85.

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

SIGNED [Signature] TITLE Agent DATE 09-04-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY [Signature]

SEP 9 1985

*See Instructions on Reverse Side