

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

Budget Bureau NO. 1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-19609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ JAN 21 10 47 AM '92

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

790' FNL & 1930' FEL

RECEIVED

MAR - 5 1992

O. C. D.
STATE OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Holly "A" Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delaware

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

Sec. 26-26S-29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. PERMIT NO.

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

2885.2' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☒

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☒

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other) Re-Complete

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

(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.)*

- (1) Pull tubing, rods and down-hole pump, tally tbgs.
- (2) Set packer-type BP @ 4600', test plug with kill truck or pump truck to 1000' for 10 minutes, if holding continue procedure, if not, re-set and re-test.
- (3) Perforate Olds sand from 3023-3030' with 6 holes.
- (4) Acidize zone with 1000 gals 7-1/2% NEFE acid.
- (5) Swab back spent acid and test well.
- (6) If productive, frac well with 3000 gals 30# x-link gell and 6000# sand. Actual volumes may vary depending on results of acid swab test.
- (7) Swab back frac fluid and clean up well.
- (8) Run back tubing, rods and down hole pump.
- (9) Return well to production.

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

SIGNED Jan Pfister for Ralph Williamson

Agent

DATE 01-20-92

(This space for Federal or State office use)

APPROVED BY David R. Galt

POLEUM ENGINEER

DATE 3/3/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side