

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIP
(Other instruction
verse side)

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1 re

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

CLSF

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
NOV 23 '87

1. OIL 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
660' FSL & 330' FWL

14. PERMIT NO.: 30-015-25389

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2993.5' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-0554499

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Ross Draw

8. FARM OR LEASE NAME
Ross Draw Unit

9. WELL NO.
15

10. FIELD AND POOL, OR WILDCAT
Ross Draw Delaware, East

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

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:

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Work-over</u> <input checked="" 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.)*

- 07-23-87 Set RBP at 6227'. Pressured plug to 2000#, held OK. Perforated well w/21 0.41" holes @ 5747-6026.
- 07-24-87 Acidized well w/3000 gallons 7½% NEFE acid @ 4.0 BPM 1100#, total load 107 barrels, started swabbing back load.
- 07-25-87 Swabbed back load, well showing 50% oil.
- 07-27-87 Fraced well w/60,000 gallons 30# x-link gel, 120,000# 20-40 sand, 20,000# 10-20 sand @ 41 BPM 900# average, shut well in to let gel breakup overnight.
- 07-28-87 Flowback and swabbed well, returned well to production.

RECEIVED
NOV 11 10 55 AM '87
OIL & GAS DIVISION
AREA OFFICE - MIDLAND

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

SIGNED [Signature] TITLE Production DATE November 9, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 16 1987

*See Instructions on Reverse Side