

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0554499

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

2. NAME OF OPERATOR

J.C. WILLIAMSON

3. ADDRESS OF OPERATOR

P.O. BOX 16

MIDLAND, TEXAS

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

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., E., 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"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Workover

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<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.)

- 1) COH w/rods and tubing.
- 2) Set retrievable BP @ 6250'.
- 3) Shoot Delaware zone @ 5947-6026' w/21 holes.
- 4) Acidize zone w/2000 gals. 7-1/2% acid.
- 5) Swab well to test tank to test zone.
- 6) Fracture treat zone w/60,000 gals. gelled KCl water, 120,000# sand @ 45 bpm, 1800# pressure.
- 7) Flow back frac to recover load and to test zone after shutting well in overnight.
- 8) Swab test well when well stops flowing. Kill well and GIH to retrieve BP.
- 9) Run back tubing and rods to 5800' and put well back on production.

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

SIGNED

TITLE Production

DATE 07-21-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

JUL 22 10 42 AM '87  
CARLOS R. REYNOLDS  
AREA HEADQUARTERS

RECEIVED