

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPT
(Other instructions
verse side)

TE-
re-

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 20367

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MWJ Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delaware

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

Sec. 35

T-26-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

330' FSL & 330' FEL

14. PERMIT NO.

30-015-25536

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

2867.0 GR

18.

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

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Set 5 1/2" casing

(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.)*

01-23-86 Set and cemented 5 1/2" casing @ 6260' w/350 sx Class "C", 50/50 poz, 6# salt/sx, 1/4# flocele/sx. PD @ 7:00 am 01-23-86. Cemented 2nd stage w/600 sx Class "C", 50/50 poz, 6# salt/sx, 1/4# flocele/sx. PD @ 3:00 pm 01-23-86. Rig released @ 6:00 pm 01-23-86.

ACCEPTED FOR RECORD

SWD
JAN 28 1986

CARISBAD, NEW MEXICO

RECEIVED BY

JAN 31 1986

O. C. D.

ACTESIA, OFFICE

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

SIGNED

TITLE

Production

DATE 01-24-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side