

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction on re-  
verse side)

Budget Bureau No. 1004-0135  
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. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 1737' FSL & 1675' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2937.0' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-35607	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM OIL CONS COMMISSION	
7. WELL IDENTIFICATION NAME Artesia, NM 88210	
8. FARM OR LEASE NAME UCBHHW FED.	
9. WELL NO. 10	
10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T26S, R29E	
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Request Extension of Time <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.) \*

UCBHHW FED. #10

In the J.C. Williamson MWJ Federal #2 well located in Section 35, T26S, R29E in Eddy County New Mexico, we are planning to perforate, acidize, swab test, and fracture treat the Ramsey Sand member of the Delaware Sand series at approximately 2973-2985'. When the results of the test are available, we will be better able to decide whether to plug this well or make an attempt to return it to production.

Therefore, we request 6 months from the approval date of this Sundry Notice to complete the proposed work on the MWJ Fed.#2, and to evaluate the results from this work, so as to make a decision on any future work to be done on this well.

APPROVED FOR 6 MONTH PERIOD  
ENDING 3/7/95

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

SIGNED JOE G. LARA

TITLE for REW, Engineer

DATE 08-15-94

(This space for use by the Bureau of Land Management)  
(ORIG: SGP) JOE G. LARA

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 9/7/94

\*See Instructions on Reverse Side