

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

45P

NM OIL CONS. COMMISSION

DRAWN BY

Artesia, NM 88210

(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.)

SUNDY NOTICES AND REPORTS RECEIVED

APR 11 1986

O. C. D.

ARTESIA, OFFICE

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

810' FSL & 1665' FWL

14. PERMIT NO.

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

3119.5' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-27649

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SUN EX FED. UNIT

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT - Del Norte

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

Sec. 10, T-26-S, R-30-E

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

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☒

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Casing change

SUBSEQUENT REPORT OF:

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.)*

We would like to request a casing change, as follows:

originally:

8-3/4" 7" 26# 4550'

Change to:

7-7/8" 5-1/2" 15.5# 6950'

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

SIGNED

John Foster

TITLE

Production

DATE

04-07-86

(This space for Federal or State office use)

Orig. Sgd. Charles S.

APPROVED BY

Area M.

TITLE

DATE

4-9-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side