

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW OIL CONS. COMMISSION

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

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

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. Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - Delaware

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

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

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

J.C. Williamson

3. ADDRESS OF OPERATOR

P.O. Box 16 Midland, Texas 79702 O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.)
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

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

PULL OR ALTER CASING

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) 5-1/2" casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.) *

04-09-86 Ran 5-1/2" casing. Set and cmted. @ 6613'. 1st stage cmted. w/350 sx 550 poz Class "C", 6# sx salt, 1/4# celocole. Circ. 100 sx off top of DV tool. 2nd stage 700 sx 550 poz Class "C", 6# sx salt, 1/4# celocole. PD @ 11:00 p.m. 04-08-86.

ACCEPTED FOR RECORD

Seal
APR 15 1986

CARLSBAD, N.M. 88502

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

SIGNED

TITLE

Production

DATE

04-11-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side