

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
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

SunEx Federal Unit

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

East Brushy Draw Delaware

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

Sec. 10, T26S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

CIL 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.

30-015-25582

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

3119.5' GR

16.

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)

(Other)

Plug Back

(Note: Report results of multiple completion or 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 proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all intervals and zones pertinent to this work.) *

(1) Set CIBP @ 6000', test to 2000# for 30 minutes.

(2) Shoot Delaware zone from 5843-50.

(3) Acidize w/1000 gallons 7½% acid, swab test.

(4) If production is indicated fracture treat w/4000 gallons gelled KCl water 8000# 20/40 sand.

(5) If not productive, CIBP or RBP @ 5850', pressure test to 2000# for 30".

(6) Shoot Delaware zone from 4503-4520', acidize with/1500 gallons 7½% acid.

(7) Swab test zone, if productive as indicated then;

(8) Fracture treat zone w/20,000 gallons gelled KCl water, 40,000# 20/40 sand.

(9) Flow back frac, return well to production.

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

SIGNED

Jan Pfister

TITLE

Production

DATE

06-10-87

(This space for Federal or State office use)

APPROVED BY

Scott C. Adelman

TITLE

MANAGER, RESOURCE AREA

DATE

6-15-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side