

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse 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

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.

GIL 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 and 1665' FWL

14. PERMIT NO.

30-015-25582

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

3119.5' GR

7. UNIT AGREEMENT NAME

Sun EX

8. FARM OR LEASE NAME

Sun Ex Federal Unit

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, 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:

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) Workover

(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.)\*

04-28-87 Set C1BP @ 6000'. Shot Delaware zone 5843-5850 w/7 holes 0.41".

04-29-87 Acidized 5843-50' w/1000 gallons 7-1/2% NEFE and swabbed. Trace of oil.

05-01-87 GIH/C1BP and set at 5850'. Perforated 4503-4520' w/10 shots. Acidized Carlisle zone w/1500 gallons 7-1/2% NEFE. Swabbing.

05-05-87 Continued to swab. No commercial results. Well scheduled to be plugged.

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

SIGNED

TITLE Production

DATE 11-10-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side