

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions  
reverse side)

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

45F

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"/>		RECEIVED BY  JAN -9 1987  O.C.D. ARTESIA, NM 88210 79702 ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-24777	
2. NAME OF OPERATOR J.C. WILLIAMSON			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 16 MIDLAND, TEXAS			7. UNIT AGREEMENT NAME SUNEX FEDERAL UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 990' FWL			8. FARM OR LEASE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3152.0' GR		9. WELL NO. 2
				10. FIELD AND POOL OR WILDCAT Und N. Ross Draw - EAST BRUSHY DRAW DELAWARE
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T26S R30E
		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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) 8-5/8" casing <input 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.) \*

12-19-86 Ran 85 jts. 8-5/8", 32# & 28# J-55. Total length 3522.85 @ 3507'.  
Cemented w/Halliburton 250 sx class "C" 2% CaCl. PD @ 11:30 p.m.

ACCEPTED FOR RECORD

JAN 7 1987

Jm  
CARLSBAD, NEW MEXICO



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

SIGNED Jan Pfister TITLE Production DATE 12-22-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side