

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPT
(Other instructions
verse side)

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

4SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Ralph E. Williamson ✓

3. ADDRESS OF OPERATOR
PO Box 994, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
610' FSL & 990' FWL

14. PERMIT NO.
30-015-25820

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2864.5 GR

5. LEASE DESIGNATION AND SERIAL NO
NM-54998

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Stateline Federal

9. WELL NO.
#2

10. FIELD AND POOL, OR WILDCAT
Brushy Draw Delaware

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T-26S, R-29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

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"/>	

SUBSEQUENT REPORT OF:

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

- 12-19-87 T.D. @ 5093'. Ran DLL, CDL-CNL, Computer X-Plot. Set 5092' of 5 1/2" 15.5# J-55 8rd, R-2,3 STC used casing @ 5092' w/750 sx. Premium Plus w/ 50/50 POZ, w/6# salt & 1/4# flocel. PD @ 7:30 PM - Float held.
- 12-28-87 Perforate 4910-4974' w/ 22 holes of 0.41" diam. holes shots were 4910, 11, 17, 21, 29, 31, 35, 46, 50, 52, 58, 59, 61, 65, 67, 68, 70, 72, 74. Acidize 4910'-74' w/2500 gal 7 1/2% NEFE acid. Flushed w/ 2% KCl.
- 1-4-88 Frac 4910-4974' 22 holes w/ 60000 gal 30# X-Link & 120000# 20/40 & 20000# 12/20 sand.

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

SIGNED Mary Huber TITLE Production DATE 1-6-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side