

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 18626

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ross Draw East Delaware

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

Sec. 25, T26S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 660' FNL & 1980' FEL

14. PERMIT NO.

30-015-25951

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

3093.0 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

10-16-88 TD @ 5990'. Ran DLL/MSFL, CDL-CNL, Computer X-Plot-BHV.

10-17-88 Ran 5994.28' 5 1/2" 15.5# STC, LTC 8rd R-3 used csg set @ 5989'. Cmt w/500 sx 50/50 POZ w/6# salt & 1/4# floseal/sx. PD @ 5:00 PM. Circ through DV tool 6 hrs, cmt 2nd stage w/600 sx 50/50 POZ w/6# salt & 1/4# floseal/sx. PD @ 11:30 PM. Top of cement @ 2100'.

10-25-88 Logged from 5935'-3300' w/GR/CCL. Perfed 5807'-5828' w/22 holes 0.41" diam w/csg gun. Holes perfed in 2% KCl (1 jet shot/ft).

10-26-88 Set pkr @ 5676 w/14 pts wt. Tested csg to 500#. Held OK. Acidize 5807'-5828' w/2000 gal 7 1/2% NEFE w/1 gal/100 clay stabilizer. Flushed w/33 gal 2% KCl.

10-31-88 Fraced 5807'-5828' 22 holes w/30,000 gals, 30# X-link & 50,000# 20/40 & 10,000 12/20 sand.

ACCEPTED FOR RECORD

NOV 21 1988

CARLSBAD, NEW MEXICO

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

SIGNED

Mary Huber

TITLE

Production

DATE

11-3-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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

C15F

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. 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
660' FNL & 1980' FEL

14. PERMIT NO. **30-015-25951**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3093.0 GR

RECEIVED

NOV 01 '88

O. C. D.
ARTESIA, OFFICE

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NM-18626

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7. UNIT AGREEMENT NAME

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Ross Draw East Delaware

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Sec. 25, T-26S, R-30E

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) **Spud Notification**

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

10-3-88 Spud @ 7:45 PM

10-4-88 687.99' of 12 3/4" 50# H-40 8rd, STC R-3 used casing set @ 656' w/700 sx Class "C" Cement w/2% CaCl₂ & 1/4# floreal/sx. Circulated 125 sxs to pit. Plug down @ 7:40 AM.

10-11-88 3525.71' of 8 5/8" J-55 STC 8rd R-2, R-3 used casing set @ 3518' w/425 sx. Howco lite w/2% CaCl₂ & 1/4# floreal/sx, followed by 200 sxs Class "C" w/2% CaCl₂ & 1/4# floreal/sx., had 100% circulation throughout. Plug down @ 1:00 PM. Top of cement by survey @ 1725'.

RECEIVED
OCT 18 10 35 AM '88
CARLSBAD
ARCTIC

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

SIGNED Mary Wilson TITLE Production DATE 10-17-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 31 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO