

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

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

dsf

RECEIVED

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0554499	
2. NAME OF OPERATOR J.C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 660' FEL		8. FARM OR LEASE NAME Ross Draw Unit	
14. PERMIT NO. 30-015-26046		9. WELL NO. 16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2984.1' GR		10. FIELD AND POOL, OR WILDCAT Und. Ross Draw Delaware	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-26-S, R-30-E		12. COUNTY OR PARISH Eddy	
13. STATE New Mexico			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) 8-5/8" casing

(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.)*

01-17-89 Ran 84 jts 8-5/8" csg., 24# & 32# K-55 STC, set @ 3293' w/1000sx premium plus w/1/4 floseal/sx & 2% CaCl, good circ, PD @ 12:35 pm 17th.

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

SIGNED

TITLE

Production

DATE

01-23-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 8 1989

*See Instructions on Reverse Side

SJS
NEW MEXICO