

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU LAND MANAGEMENT

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. <input type="checkbox"/> GIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-05554433
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 ROSS DRAW
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. At surface 850' FNL & 1980' FEL		8. FARM OR LEASE NAME ROSS DRAW UNIT
14. PERMIT NO.		9. WELL NO. 17
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3017.0' GR		10. FIELD AND POOL, OR WILDCAT ROSS DRAW DELAWARE
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T26S R30E
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. COUNTY OR PARISH EDDY
18. I hereby certify that the foregoing is true and correct		13. STATE NM

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) 5-1/2" csg

REPAIRING WELL

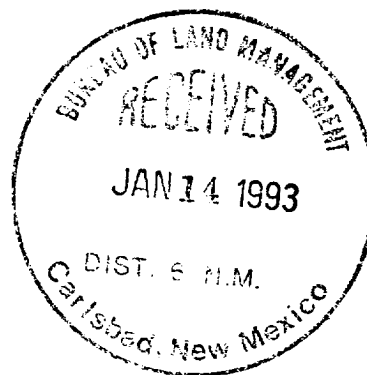
ALTERING CASING

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.)

12-09-92 Ran 157 jts 5-1/2" csg set @ 6100' cmt w/450 sx 50-50 poz mix
 6# salt 2% gel 1/4# flocele/sx. 1st stage PD @ 10:30 am TX 12/09/92.
 Cemented 2nd stage w/600sx 50-50 poz mix, 6# salt, 1/4# flocele/sx @
 4-5 BPM. 2nd stage PD @ 6:00 pm TX on 12/09/92.



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

SIGNED

TITLE Production

DATE 01/12/93

(This space reserved for signature and date)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

CARLSBAD, NEW MEXICO

See Instructions on Reverse Side