Form 3160-5				í.	
June 1990)	DEPARTMEN	ED STATES T OF THE INTERI AND MANAGEM			FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
	UNARY NOTICES			t reservoir.	NM0555443 5. If Indian, Allottee or Tribe Name
	SUBMIT	IN TRIPLICATE			7. If Unit or CA, Agreement Designation
I. Type of Well Gas	······································				ROSS DRAW UNIT
2. Name of Operator	Other	<u> </u>	REC	t://f/1	Ross Draw #19
J.C. Willian 3. Address and Telephone No.	nson			RITESIA 9	API Well No.
P 0 Box 16 4 Location of Well (Footage, 5	Midland TX	79702	(915)682-1797		0. Field and Pool, or Exploratory Area 52795
660' FNL &		Scription)			1. County or Parish, State
Section 27		t C			Eddy, New Mexico
12. CHECK AF	PROPRIATE BOX	s) TO INDICATE	NATURE OF NOT	CE, REPORT	, OR OTHER DATA
TYPE OF SU	BMISSION		TYPE	OF ACTION	
Notice of In	tent		bandonment ecompletion		Change of Plans
Subsequent Report			ugging Back		Non-Routine Fracturing
Final Abandonment Notice			asing Repair Hering Casing ther <u>Intermediate</u>	<u>casing</u>	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)
13. Describe Proposed or Compl give subsurface location	eted Operations (Clearly state al is and measured and true vertic	l pertinent details, and give p al depths for all markers an	ertinent dates, including estim d zones pertinent to this work	ated date of starting an	y proposed work. If well is directionally drilled.
9/18/97 `	Ran 8-5/8" csg 1 jt 32# 51 jts 24# 27 jts 32# FC 1 jt 32# GS Cemented pipe w Followed with 2 PD 1:15 p.m.NM. Circulated 300 NU BOP on 8-5/8	31.33' 2135.48' 1080.70' 1.10' 4290' 0.85' 7ith 1275 sx Ho 250 sx C neat, sx lite cemen	owco Lite/5# sa 1/4# floseal, t to pit. Cut	1/4# CaCl2. off 8-5/8".	
14. I hereby certify that the for Signed,	State office use)	Title	st for A.C.u.lu	Цатип-Сри,	<u>La Date 10-6-97</u>