

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other Instructions)
DATE

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

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
J.C. Williamson

3. ADDRESS OF OPERATOR
PO Box 16, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FSL & 1980' FEL

14. PERMIT NO
30-015-25547

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3041.5' GR

RECEIVED

MAY 16 '88

O. C. D.
ARTESIA OFFICE

NM-0480904-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Ross Draw Unit

8. FARM OR LEASE NAME

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Ross Draw Delaware

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

Sec. 22, 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) Extend APD ☒

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.) *

It is hereby requested that this application to drill for the Ross Draw #17 location be extended for another year.

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

SIGNED Mary Huber

TITLE Agent

DATE 4-29-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-13-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side