

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

USE REVERSE SIDE FOR APPLICATION
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. **dkr**

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.

20

10. FIELD AND POOL, OR WILDCAT

Undr Ross Draw Delaware

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

Sec. 22, T-26-S, R-30-

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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

P. O. Box 16, Midland, Texas 79702

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

1980' FNL and 1980' FEL

14. PERMIT NO.

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

3061+6' 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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Extension of 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.)*

Please extend the application to drill for this location for another year.



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

SIGNED

Jan Pfister

TITLE Production

DATE 01-07-87

(This space for Federal or State office use)

APPROVED BY Orig: Sgd. Charles S. DeHaven

TITLE

DATE

1-9-87

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side