

c/sf

3162.4

September 15, 1988

RECEIVED

SEP 20 1988

O. C. D.
ARTESIA OFFICE

J. C. Williamson
P. O. Box 16
Midland, TX 79702

Dear Sir:

Your Application for Permit to Drill, Deepen, or Plug Back (APD) for the following wells: have been cancelled.

Lease No. NM-0480904-B	Well Ross Draw Unit No. 18
Lease No. NM-0554774	Ross Draw Unit No. 19
NM-0480904-B	Ross Draw Unit No. 20
NM-0480904-B	Ross Draw Unit No. 21
NM-0480904-B	Ross Draw Unit No. 22 ✓
NM-11042	Ross Draw Unit No. 23

The APD's are considered expired if drilling activity has not commenced within one year after approval. Should you desire to drill this well at a later date, you will be required to re-submit the proper forms for approval.

Sincerely,

[Signature]
Richard L. Manus
Area Manager

cc: RDO
NMOCD (Artesia/Hobbs)

Post ID-2
9-23-88
Exp. Int.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT AND CONS. COMMISSION

(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM - 0480904 - B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. CIL 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

660' FSL and 990' FEL

14. PERMIT NO.

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

3034.4' GR

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7. UNIT AGREEMENT NAME

ROSS DRAW UNIT

8. FARM OR LEASE NAME

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Ross Draw Delaware

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

16. 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

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Extend APD

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
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☒

(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. Dalton

TITLE

DATE

1-9-87

CONDITIONS OF APPROVAL OF ANY

*See Instructions on Reverse Side