

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alameda, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

RECEIVED BY

JUN 23 1986

O. C. D.

ARTESIA, OFFICE

1. CIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR J.C. Williamson

3. ADDRESS OF OPERATOR 890 One First City Center

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 560' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3090.2' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-27648

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Sun Ex Federal Unit

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Und. Brachy Draw - Wildcat Delaware

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

Sec. 9, T-26-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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) Change Well Number

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Because of the sequence of the wells drilled in our unit:

J.C. Williamson hereby request permission to change the number of this location from the [REDACTED]

EXP. INT. 2-12-96 30-015-25568

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

SIGNED

Jan Pfister

TITLE

Production

DATE

06-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

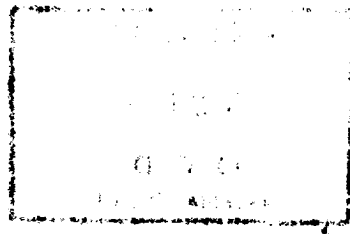
AREA MANAGER

DATE

6-19-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



249.547. 3-12-86 20-012-22262