

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-13997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EP-USA

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

BRUSHY DRAW DELAWARE

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

Sec. 26, T-26-S, R-29-E

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

RECEIVED BY
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.
"APPLICATION FOR PERMIT—" for such proposals.)
MAR 11 1985

1. OIL WELL GAS WELL OTHER

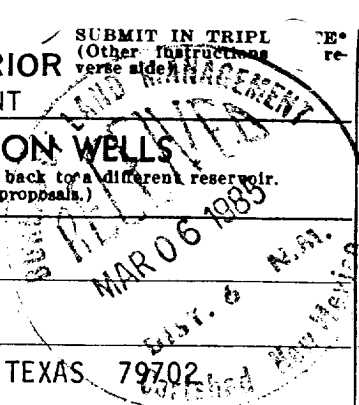
2. NAME OF OPERATOR
ARTESIA, OFFICE
J.C. WILLIAMSON ✓

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
1650' FSL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2874.9 GR



45F

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Amend casing program		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

We are hereby requesting to change our casing plan from the approved APD to:

13-3/8" surface casing 54.5#, set @ 425'.

5-1/2" 15.5#, set @ 6250'.

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

SIGNED

Jan Fister

TITLE

Agent

DATE

3/4/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

3-8-85

*See Instructions on Reverse Side