

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

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-26-S, R-30-E

12. COUNTY OR PARISH 13. STATE

EDDY

NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS 88210

(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

1980' FSL & 1980' FEL

14. PERMIT NO.

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

3041.5' 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) 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.) *

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 01-12-87

(This space for Federal or State office use)
Orig. Sgd. Under Seal

APPROVED BY

Acting Area Manager

TITLE

DATE

1-14-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side