

**DEPARTMENT OF THE INTERIOR** (Other Instructions on reverse side)  
**GEOLOGICAL SURVEY**

BUDGET BUREAU NO. 42-K1423

5. LEASE DESIGNATION AND SERIAL NO.

LC - 070375

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Clayton W. Williams, Jr.

3. ADDRESS OF OPERATOR

200 Gulf Building, Midland, Texas 79701

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

2310' FSL &amp; 1650' FWL Sec 20, T-19-S, R-36-E

14. PERMIT NO.

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

3712' DF

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.) \*

Subject well was plugged and abandoned 8-27-74 as follows:

1. 4-1/2" CIBP set @ 1180' w/3 sxs cement on top.
2. Cut 4-1/2" csg @ 500' & pulled same
3. CIBP set in 8-5/8" csg @ 280' w/12 sxs cement on top
4. Set 8 sxs cement plug in top of 8-5/8" csg.
5. Mud laden fluid left in hole.
6. Installed DHM.

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

SIGNED

TITLE Operations Manager

DATE 5-18-78

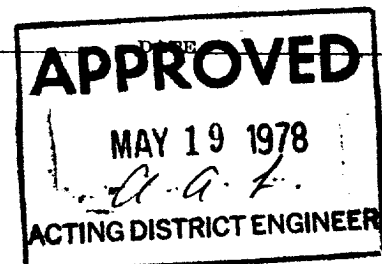
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



APPROVED

12/1/83  
12/1/83  
12/1/83