

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instruction  
reverse side)

Form approved:  
Bureau No. 1004-0135  
Expires August 31, 1985  
DESIGNATION AND SERIAL NO.  
NEW 15035

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR J.C. Williamson	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 79702	8. FARM OR LEASE NAME Triple A Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2614' FWL & 1580' FNL	9. WELL NO. 1
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Antelope Ridge Wolfcamp, N
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3365' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-23S-34E
	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) Temporarily shut well in for 60 days	X

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.)

This well was producing from a gas horizon of the Antelope Ridge Field (Wolfcamp) when it was shut down by the gas purchaser who removed his gas compressor. The well has been shut in for some time and now has a shut in tubing pressure in excess of 1400 psig. The well will only flow intermittantly without compression into the sales pipeline. All equipment is currently in place with the exception of a compressor and dehydration unit.

It is requested that this well be put on a temporary shut-in status for a period of 60 days in order that the current Operator can evaluate a new well we are preparing to spud as an offset to the east of the subject well. We wish to determine our best plan to put the well back on production. The well was capable of commercial production from the Wolfcamp when last produced and can be put back on production as soon as arrangements are made for a compressor and dehydration unit to be installed in the event the new offset well does not justify replacing the comperssor and dehydration unit for gas production.

APPROVED FOR 2 MONTH PERIOD  
ENDING 1/31/95

OCT 27 2 24 PM '94  
BUREAU OF LAND MGMT.  
HOBSBS, NM.

RECEIVED

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

SIGNED J.C. Williamson TITLE Owner DATE 10-21-94

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. IARA TITLE PETROLEUM ENGINEER DATE 12/1/94  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**

SEP 05 1994

ED HOBBS  
OFFICE