

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1001-0135
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		APR 9 9 46 AM '91	
2. NAME OF OPERATOR J. C. Williamson		CARE AREA	
3. ADDRESS OF OPERATOR P.O. Box 16, Midland Texas 79702		FARM OR LEASE NAME Mary Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' F&S&E L of Section 25, T23S, R33E. Lee County, New Mexico		6. LEASE DESIGNATION AND SERIAL NO. NM-25465	
14. PERMIT NO.		15. ELEVATIONS (Show whether PV, RT, OR, etc.)	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		17. COUNTY OR PARISH Lee	
18. STATE NM		19. FIELD AND POOL, OR WILDCAT Undesignated	
20. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA 25, T23S, R33E		21. FIELD AND POOL, OR WILDCAT Bell Lake	
22. FIELD AND POOL, OR WILDCAT Undesignated		23. FIELD AND POOL, OR WILDCAT Undesignated	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Progress Report & Well Test <input checked="" type="checkbox"/>	
(Note: Report results of multiple completion or 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.)

The subject well has been shut in for several years for lack of a market that could handle sour gas (hydrogen sulfide). A test was run approximately six months ago that indicated the well no longer showed the presence of hydrogen sulfide. The test was not definitive due to the relatively short testing of the well. On March 15, 1991 the well was flowed by Curry Engineering for a two hour period with the following results:

FLOW TEST 3-15-91

SITP, 1700 psig. SICP, 4150 psig. Placed new gauges on both tubing and casing. Opened well on 12/64" choke. Well began flowing clean gas, but began to show water and condensate after 15 minutes, flowing at estimated rate of 4.6 MMCFPD. Casing pressure began to fall and tubing pressure decreased rapidly to 1300 psig when water volume increased substantially after 37 minutes. Both tubing and casing stabilized at 1520 psig after flowing for one hour, the water volume decreased to very small amount with good percent of liquids being condensate. The flow rate was estimated at 6 MMCFPD at 1750 psig on an 18/64" choke when the well was shut in after flowing for two hours. The casing increased to 2200 psig and the tubing pressure increased to 2000 after being shut in for 15 minutes. The well was shut in to install metering equipment to take an extended flow test and to acquire samples for analysis. The casing and wellhead equipment are in good shape. Based on the results of the proposed flow tests and samples it is recommended proper equipment be installed in order to return the well to production as soon as a market is arranged. Subsequent tests and progress will be reported as soon as available.

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>May E. Curry</u>	TITLE <u>Agent</u>	DATE <u>3-29-91</u>
(This space for Federal or State office use)		

APPROVED BY <u>Adan</u>	TITLE <u>Adan</u>	DATE <u>3-29-91</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

APR 15 1991

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MOORE COTTON