

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
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Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N14 25465	
2. NAME OF OPERATOR J. C. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 16, Midland, TX 79702		7. UNIT AGREEMENT NAME	
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, Sec 25, T23-S, R33-E		8. FARM OR LEASE NAME Mary Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636.6 GR		10. FIELD AND POOL, OR WILDCAT Undesignated-Bell Lake Atoka	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T-23S, R33-E	
		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:

SUBSEQUENT REPORT OF:

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) Perform Remedial work <input checked="" type="checkbox"/>	

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) <input type="checkbox"/>	

(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.)*

The subject well was completed in July, 1980 and tested @ 12 MMCFPD. Subsequent tests have indicated a leak in the plug separating the Morrow and Atoka formations and a slow leak at the top of the 3 1/2" OD liner set @ 11,700'. It is proposed that the following remedial work be performed as soon as possible.

1. Set a cast-iron bridge plug @ 13,600' and 20' of cement dumped on top of the plug.
2. Squeeze the top of the 3 1/2" liner, drill out and recomplete in the same formations and existing perforated intervals.
3. Test with packer to assure all existing perforations are open.

The above work will not require additional disturbance of the surface location.

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

SIGNED Max E. Curry
(This space for Federal or State office use)

TITLE Engineer

DATE 10/24/80

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

