

HOBBS, NEW MEXICO 88240

N. M. OIL CONS. COMMISSION
P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil 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. See space 17 below.)
AT SURFACE: 1980' S + 660' E
AT TOP PROD. INTERVAL: 12,049'
AT TOTAL DEPTH: P.B. 12,230'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|-------------------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) (Re-Entry well) | | | |

| | |
|--|--------------------------------|
| 5. LEASE <u>NMO 522659-A</u> <u>Curry Federal (Re-entry)</u> | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME <u>Curry Federal (Re-entry)</u> | |
| 9. WELL NO. <u>1</u> | |
| 10. FIELD OR WILDCAT NAME <u>Antelope Ridge</u> | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 22, T-23-S, R-34 E</u> | |
| 12. COUNTY OR PARISH <u>Lea</u> | 13. STATE <u>New Mexico</u> |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>3417 KB</u> | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
AUG 30 10 33 AM '83
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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.)*

8-1-83 Set Plug @ 12,230' w/10' of cement on top.
Perf 12,049' to 12,132'. 10 shots. Acidize w/6000 gals 3½ BPM @ 5600#, 500# salt and 10 ball sealers. Ball out. Pressure to 7500#, Release and finished acid job, ISDP 6000# 15 minute. 2600# and 15 minute 2000#. Swab well in and start testing. Initial flow 1.5 MMCF on 1/2" choke. Tubing pressure 400#.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Engineer DATE 8/29/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
[Signature]
AUG 30 1983