

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Ray Westall		8. FARM OR LEASE NAME Back Basin Unit
3. ADDRESS OF OPERATOR Box 4, Loco Hills NM 88255		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL & 660 FEL		10. FIELD AND POOL, OR WILDCAT Bell Lake
14. PERMIT NO. 30-025-27051		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20 T23S-R34E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3518.5		12. COUNTY OR PARISH Lea
		18. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Propose to Recomplete to BS		

SUBSEQUENT REPORT OF:

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)	Change of Operator		

(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 formally Operated by J.C. Williamson
One First City Center
Suite 890
Midland, Tx. 79701

We propose to set a CIBP at 12,600' and cap with 50' cmt
Perforate the 3rd Bone Springs at 11620-40 and test for production

This plan was approved by Shannon Shaw of the Carlsbad BLM Office.

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

SIGNED

TITLE Geologist

DATE 2/11/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 3.26.91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
J.C. Williamson

Address
P.O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Back Basin	Well No. 1	Pool Name, including Formation West Antelope Ridge-Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM-18306
Location Unit Letter I : 1980' Feet From The South Line and 660' Feet From The East				
Line of Section 20 Township 23S Range 34E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Delaware Natural Gas Company, Inc.	9111 Jollyville Rd. #215 Austin, Tx. 78759
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. 20 Twp. 23 Rge. 34	12-01-88

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



(Signature)

Production

(Title)

11-15-88

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 29 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.