

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Re-entry	5. LEASE DESIGNATION AND SERIAL NO NM-84897
2. NAME OF OPERATOR Ralph E. Williamson	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 994, 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 & FEL	8. FARM OR LEASE NAME Conoco 26 Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3328.7 GR	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T.26.S, R.33.E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.)\*

3-30-91 Set 5647.61' of 4 1/2" 11.6# LTC R-2 casing @ 5654' w/200 sx "C" cement w/6# salt 1/4# floseal/sx. Had full circulation throughout. PD @ 10:50 am (TX). Estimated top of cement @ 3950' by Temp.Srvy. Rig released @ 2 pm (TX).

RECEIVED

APR 10 9 40 AM '91

CARLE AREA

AS

APR 3 12 46 PM '91  
BUREAU OF LAND MGT  
ROSWELL RESOURCE AREA

RECEIVED

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

SIGNED [Signature] TITLE Agent DATE 4-1-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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	13. STATE NM

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <input type="checkbox"/> Re-Entry & Set 7" Casing	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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03-15-91 Re-enter Well 5:00 P.M.

03-17-91 5227.24' of 7" K-55 STC 8rd casing set @ 5203' w/1000 sx Howco lite w/1/4# floreal, 2% CaCl<sub>2</sub>, followed by 200 sx "C" w/2% CaCl<sub>2</sub>, had circulation throughout. Cement pumped @ 5 BPM, circulation 3-4 BPM during most of job. Plug down @ 6 AM 3-18-91, no cement circulated. Top of cement by temp. survey @ 1450'.

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

SIGNED Kala Schmidt

TITLE Agent

DATE 3-18-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side