

NMSO MICROGRAPHICS - 943B-170  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(Other Instru- LIC  
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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 91
2. NAME OF OPERATOR Ralph E. Williamson	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 16 Midland, Texas 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	8. FARM OR LEASE NAME Wright Federal
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Double X Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27 T-24-S, R-32-E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3565.6' GR	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) <input 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 checked="" 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.) \*

3-26-851. Set CIBP @ 4850' and put 35' of cement on same.  
3-37-852. Cut off 4 1/2" casing @ 3911' and pull same.  
3-38-853. Set 100' cement plug 50' in and out of 4 1/2" stub, 35 sx tagged plug, plug held.  
4. Set 100' cement plug from 2750-2850' to isolate salt, plug need not be tagged (35sx)  
5. Set 100' cement plug from 1085-985' in and out of end of 8 5/8" casing. (35sx)  
Tried to tag plug after 2 hrs. (plugg did set, held weight).  
6. Set second 35 sx plug, plug held. Plug tagged after 4 hrs., held weight.  
7. Set 50' surface plug  
8. Erected dry hole marker.

(All plugging procedures were witnessed and approved by BLM representative on location)

I hereby certify that the foregoing is true and correct

SIGNED

*Kala D. Schmidt*

TITLE

Agent

DATE

04-01-85

(This space for Federal or State office use)

APPROVED BY

*Shannon J. Gandy*

TITLE

PETROLEUM ENGINEER

DATE

9/13/91

CONDITIONS OF APPROVAL, IF ANY:

API 30-025-26360

\*See Instructions on Reverse Side