

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

P.O. BOX 100  
HOBBS, NEW MEXICO 882.

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"/>		5. LEASE DESIGNATION AND SERIAL NO NM-60359
2. NAME OF OPERATOR Ralph E. Williamson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 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 660' FSL & 1980' FEL of Sec. 27		8. FARM OR LEASE NAME East El Mar Fed.
14. PERMIT NO. 3--025-29302		8. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3299' GR		10. FIELD AND POOL, OR WILDCAT East El Mar Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-26S, R-33E
		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Put on Production <input checked="" 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.)\*

- (1) Rig up Well completion unit, Pick up 4 3/4" bit, Pick up 10 drill collars, and 2 3/8" tubing.
- (2) Go in hole and drill out 25' cement and cast iron bridge plug.
- (3) Circulate hole clean, run back seating nipple and tubing.
- (4) Run 16' downhole pump, and sucker rods.
- (5) Nipple up well head, put on polished rod and liner.
- (6) Set 4' X 12' heater treater, 300 barrel oil tank, 500 barrel water tank, nipple up battery.
- (7) Put well on production.

Work scheduled to begin December 4, 1989.

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

SIGNED Mary Dukes

TITLE Production

DATE 11-20-89

(This space for Federal or State office use)

APPROVED BY Orig. Signed by A

TITLE

DATE 12.5.89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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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) Chan	<input type="checkbox"/>		

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Change of Operator effective December 1, 1989.

RECEIVED

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

SIGNED Mary Huber TITLE Production DATE 11-20-89  
(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

12-6-89  
Change operator listed as