Form 3160-5 (AUGUST 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

5. Lease Serial NM71048

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

6. If Indian, Allottee or Tribe Name:

7. If Unit or CA/Agreement, Name and /or No:

SUBMIT IN TRIPLITATE Other Instructions on reverse side 1. Type of Well Oil Well	abandoned well. U	Jse form 3160-3 (APD) fo	r such proposals.					
9. API Well Number: 30-015-31613 Ray Westall Operating Ray Westall Operating P.O. Box 4 - Loco Hills, New Mexico 88255 P.O. Box 4 - Loco Hills, New Me	ADMITTAR TELEVISION	F-Other ms tructions on	reverse side (15)	8. Well Name and Number:				
2. Name Of Operator Ray Westall Operating Ray Westall Operating 10. Field and Pool, or Exploratory Area: SHUGART YATES 7 RIVERS QUEEN GB P.O. Box 4 - Loco Hills, New Mexico 88255 P.O. Box 4 - Loco H	1. Type Of Well			TAYLOR FEDERAL # 20				
2. Name Of Operator Ray Westall Operating Ray Westall Operating B. Address P.O. Box 4 - Loco Hills, New Mexico 88255 P.O. Box 4 - Loco Hills, New Mexico 88255 CD-ARTESIA 4. Location Of Well 1300' FNL & 2620' FWL, SEC - 13, TWP - 18S, RNG - 31E, UL - C CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Water Shut-Off Notice Of Intent Alter Casing Repair New Construction Recomplete X Other MIT	Oil Well X Gas Well	Other INJECTION	9-051450	9. API Well Number:				
3a. Address P.O. Box 4 - Loco Hills, New Mexico 88255 CD-ARTESIA 11. County or Parrish, State 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Alter Casing Fracture Test Reclamation Well Integrity Casing Repair New Construction Recomplete SHUGART YATES 7 RIVERS QUEEN GB 11. County or Parrish, State 11. County or Parrish, State 11. County or Parrish, State 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION Water Shut-Off Recomplete X Other MIT	2. Name Of Operator		30-015-31613					
P.O. Box 4 - Loco Hills, New Mexico 88255 OCD-ARTESIA 11. County or Parrish, State 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Test Reclamation Well Integrity Casing Repair New Construction Recomplete X Other MIT	Ray Westall Operating			10. Field and Pool, or Explorator	10. Field and Pool, or Exploratory Area:			
4. Location Of Well 1300' FNL & 2620' FWL, SEC - 13, TWP - 18S, RNG - 31E, UL - C 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Test Reclamation Well Integrity Casing Repair New Construction Recomplete			SHUGART YATES 7 RIVERS QUEEN GB					
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TYPE OF SUBMISSION Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Test Reclamation Well Integrity Casing Repair New Construction Recomplete X Other MIT		EDDY COUNTY, NM						
Notice Of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off Fracture Test Reclamation Well Integrity Casing Repair New Construction Recomplete X Other MIT	12. C	CHECK APPROPRIATE BOX(ES) T	O INDICATE NATURE OF NOTIC	E, REPORT OR OTHER DATA				
Notice Of Intent Alter Casing Fracture Test Reclamation Well Integrity New Construction Recomplete X Other MIT	TYPE OF SUBMISSION	TYPE OF ACTION						
Casing Repair New Construction Recomplete X Other MIT		Acidize	Deepen	Production (Start/Resume)	Water Shut-Off			
	Notice Of Intent	Alter Casing	Fracture Test	Reclamation	Well Integrity			
Y Subsequent Penort Dange Plans Plug and Abandon Temporarily Abandon		Casing Repair	New Construction	Recomplete	X Other MIT			
A Subsequent Report Change Flais Flag and Abandon Flag and Abandon	X Subsequent Report	Change Plans	Plug and Abandon	Temporarily Abandon				
Convert To Injection Plug Back Water Disposal		Convert To Injection	Plug Back	Water Disposal				
Final Abandonment Notice	Final Abandonment Notice							
13. Describe Proposed Or Completed Operation (clearly state all pertinent details, including estimated start date of any proposed work and approximate			<u>-</u>					
duration therof. If the proposal is to deepen directionally or recomplete horizonally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required					•			

subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

03/04/04

LOAD BACKSIDE W/ 2 BBLS WATER PRESSURE TO 340# HELD 30 MIN NO PRESSURE DROP

agency of the United States any false, fictitious, or fraudulent statements or representations as o any matter within its jurisdiction.

TEST WITNESSED BY MIKE BRATCHER NMOCD

14. I hereby certify that the forge	oing is true and correct					
Name (printed/types)			Title			
	WILLIE ENGLISH		Production Secretary			
Signature // Ill	w baslish	ERRO	Date	03/04/04		
Constitution Constitution	THIS SPACE FOR FE	DEKAL ORST	NEO PE	deuse.	en de la companya de La companya de la co	
	0	₹				
Approved by	de .	Title			Date	
Conditions of approval, if any, are	attached. Approval of this notice					
does not warrant or certify that the	e applicant holds legal or equitable					
title to those rights in the subject lease which would entitle the		Office				
applicant to conduct operations the	ereon.					
Title 18 U.S.C. Section 1001 and Ti	tle 43 U.S.C. Section 1212, make it a crime	for any person kn	owingly and	willfully to make to	any department or	

