

N. M. O. G. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029392 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HINKLE "B" FEDERAL

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

SHUGART

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

27-18-31

12. COUNTY OR PARISH 13. STATE

EDDY

N.M.

## 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

WESTALL MASK ✓

3. ADDRESS OF OPERATOR

DRAWER 1477, ROSWELL NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

330' FROM SOUTH LINE AND 990' FROM WEST LINE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3623 GR

## 16. 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.)

DRILLED 3350-3500 16 HOLES FRAC

960 BBLs WATER, 46,500 LBS 20/40 SAND, 50 GAL L 37 SCALE INHIBITOR

RUN RODS &amp; TUBING, BEGAN PUMPING

8 5/8 28# SET AT DEPTH 650 250 SKS CEMENT

4 1/2 9.5 SET AT DEPTH 3572 400 SKS CEMENT

2 3/8 EUE SET AT DEPTH 3500

TOTAL DEPTH DRILLED 3600'

RECEIVED

SEP 20 1974

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

Jack Mask

TITLE

CO-OWNER

DATE

9/19/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SECRET

# STIMULATION TREATMENT REPORT

DWL-494-J PRINTED IN U.S.A.

DOWELL DIVISION OF THE DOW CHEMICAL COMPANY

DATE

08-14-74

WELL NAME AND NUMBER

HINKLE FEDERAL 3-B

LOCATION

FORMATION  
DIAGEN  
STATE  
New Mexico

CUSTOMER REPRESENTATIVE

Mr. Gerald Westall 05-13-6214

TREATMENT NUMBER

05-13-6214

SALESMAN

EDDY

TUBING Casing Annulus  
A ☐ B ☒ C ☐

ALLOWABLE PRESSURE  
TSG: 0.147 CSG: 3000

OIL ☒ GAS ☐  
AGE OF WELL  
NEW WELL ☒ REWORK ☐

WATER ☐ INJ. ☐  
TOTAL DEPTH  
3572

CUST. NAME

WESTALL & MASK

ADDRESS

Box 1477  
Roswell, New Mexico 88201

CITY  
STATE &  
ZIP CODE

REMARKS

CASING SIZE  
4 1/2 9.5"

CASING DEPTH  
3572

LINER SIZE  
N/A

LINER DEPTH  
N/A

OPEN HOLE  
N/A

PACKER DEPTH  
N/A

CSG OR ANN. VOL.  
56.7

TSG VOL/TIME  
N/A

## PERFORATED INTERVALS

| DEPTH        | NO. OF HOLES | DEPTH | NO. OF HOLES | DEPTH | NO. OF HOLES |
|--------------|--------------|-------|--------------|-------|--------------|
| 3350 to 3500 | 16           |       |              |       |              |

FOR CONVERSION: 1 PROPS 14.7 BBLs EQUALS 1000 GALLONS

ARRIVED ON LOCATION

0730

INJECTION PRESSURE

TIME RATE BBLs IN CSG TSG

## SERVICE LOG

|      |      |           |                                                        |
|------|------|-----------|--------------------------------------------------------|
| 0800 |      |           | Pig up-mix chemicals - standby to perforate            |
| 0900 |      |           | TEST DOWELL LINES to 4500 PSI - OK                     |
| 1050 | 0    | 0         | Start EG 10 frac pad to breakdown & test valve         |
| 1052 | 3000 |           | Shut down - bell collar leaking - standby for wellhead |
| 1121 |      |           | Start pad - formation breaks @ 2500 PSI                |
| 1222 |      |           | Shut down - bell collar leaking                        |
| 1441 | 14   | 3.00      | Start frac pad                                         |
| 1454 | 23   | 1120 3000 | Pad in - start 1/2" sand/gal                           |
| 1459 | 29   | 1200 2700 | Increase sand to 1 1/4" gal                            |
| 1501 | 30   | 1210 2700 | Increase sand to 1 1/2" gal                            |
| 1512 | 30.5 | 1240 2600 | Sand conc. to 2" gal                                   |
| 1518 | 31   | 1180 2600 | Start 50 gal L37 scale inhibitor                       |
| 1522 | 31.5 | 1200 2600 | Frac complete - start flush                            |
| 1525 | 31   | 1160 2550 | Shut down - flush complete                             |
|      |      |           | ILIP = 1600                                            |
|      |      |           | 5 min = 1550                                           |
|      |      |           | 10 min = 1500                                          |

|                    |               |                     |               |                            |                  |
|--------------------|---------------|---------------------|---------------|----------------------------|------------------|
| DATE               | 08-14-74      | ADDITIONAL COMMENTS |               | PROPS AND LIQUIDS INJECTED |                  |
| TIME               | 29.8          | NO. OF PROPS        | 760 BBLs      | TYPE                       | 3" X 1/2" (TYPE) |
| INJECTION PRESSURE | 2500          | SHUT IN PRESSURE    | 1500          | SIZE OR PURPOSE            | Fracture         |
| IMMEDIATE          | 1600          | 15 MINUTES          | 1500          | AMOUNT                     | 46,500 lbs       |
| DOWELL LOCATION    | ARTESIA, N.M. | DOWELL ENGINEER     | G. H. CARNETT |                            |                  |
| CALL BACK          |               | CUSTOMER            |               | PROD. BEFORE TREATMENT     |                  |
|                    |               | CONSIDERABLE        |               | TEST                       |                  |
|                    |               | UNSATISFACTORY      |               | ALLOWABLE                  |                  |
|                    |               | UNKNOWN             |               | TEST                       |                  |
|                    |               |                     |               | ALLOWABLE                  |                  |

100-100000-100

100-100000-100