Form 9-331 1973

Form Approved. Budget Bureau No. 42-R1424

RECEIVED BY

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UNITED STATES esia, NM 88210

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

O. C. D.SUNDRY NOTICES AND REPORTS ON WELLS

ARTESIA, QEFIGH use this form for proposals to drill or to deepen or plug pack to a different m 9-331-C for such proposals.) 1. oil gas well [X] other well 2. NAME OF OPERATOR Ray Westall

3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills, NM 1288255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY: See space 17 AT SURFACE: 990' FNL & 660' FWL

AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

SUBSEQUENT REPORT OF:

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF X FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Amoco Federal 9. WELL NO. 10. FIELD OR WILDCAT NAME North Hackberry _ Y - 5 R 11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA Sec. 21, T198, R31E 12. COUNTY OR PARISH 13. STATE NM Eddy

NM 34657

5. LEASE

14. API NO.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3473. GR

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.)*

1-10-85 Ran Dresser GR/N log.

1-14-85 Perf 2182-2297 w/20 .36 cal shots.

1-16-85 Acidized perfs w/2,000 gal. 15% SRA acid. Inj. 3.5 BPM @ 2100#.

1-17-85 Frac'd 2182-2297 w/60,000 gal. gel KCL water + 52,000#20/40 sand + 42,00# 10/20 sand, Inj. 40 BPM @ 2500# ISDP 1250#FSDP 1,000#.

1-18-85 Flowed well back.

1-20-85 Put well on pump.

SIGNED

Subsurface Safety Valve: Manu. and Type ... 18. I hereby certify that the foregoing is true and correct

Operator

3-7-85

Set @ ___

(This space for Federal or State office use)

ACCEPTED FOR RECORDITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Westa

DATE

DATE

MAR 12 PER

*See Instructions on Reverse Side

TITLE