

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM-67980	
2. NAME OF OPERATOR RAY WESTALL OPERATING, INC		7. UNIT AGREEMENT NAME		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO BOX 4 LOCO HILLS, NM 88255		8. FARM OR LEASE NAME SANTA FE FEDERAL		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FNL & 2130 FEL		10. FIELD AND POOL, OR WILDCAT E. HERRADURA BEND DEL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35 T22S R28E	
14. PERMIT NO. 27031 30-015-26363		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3118 G1		12. COUNTY OR PARISH EDDY	
				13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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"/>		<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) SPUD & CMT	<input type="checkbox"/>		<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.)*

8/11/92 Spud 12 1/4" hole @ 4:15pm
Ran 455' of 8 5/8" 24# J55. Set @ 450'
Cmt w/ 300sxs Class "C" 2% CaCl 1/4# Celloseal
Plug down @ 1:45am 8/12/92 WOC 4 hrs.
Circulate 42sxs to pit. Pressure test to 1000#
held 30min.

8/21/92 TD 6370' @ 11:00am
Logging w/ Atlas Wireline to 6368' CNL/FDC/DLL

8/22/92 Ran 6372' 5 1/2 J-15.5#

8/23/92 Set Cmt @ 6370'. Cmt 1st stage w/ 225sxs Class "H"
w/ 4% CF-14 8# CSE 1/4# Celloseal .35% Thrifty
lite 5# gilsonite 1/4# Celloseal. Plug down @
2:30am Circulate 85sxs tp pit. DV tool @ 5100'
2nd stage 1120sxs Super C w/ 4% salt 5# gilsonite
1/4# Celloseal tailed in w/ 525sxs Class "H"
w/ 4% CF-14 8# gilsonite 1/4# Celloseal .35%
Thrifty lite. Plug down 11:00am Circulate 131sxs tp
pit. Released rig @ 1:00pm.

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

SIGNED

Clinda J. Jaeger

TITLE PROD/SYS ANALYST

DATE 08/28/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

A2

6 1992

*See Instructions on Reverse Side