

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLY  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032579 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Federal Lease

8. FARM OR LEASE NAME

Carlson B-26

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Justis Blinebry

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

26-25S-37E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

## 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

Westates Petroleum Company

3. ADDRESS OF OPERATOR

1600 Broadway, Suite 2360 - Denver, CO 80202

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

Unit J Section 26-25S-37E

2310' FSL, 1650' FEL

14. PERMIT NO.

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

3044 DF

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐  
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☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
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☐  
☐  
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REPAIRING WELL

☐  
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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.) \*

We propose to squeeze present perforations, 5042-48, 5054-60, 5110-14, 5116-20, 5122-42, 5145-50, 5158-62, and shut off with bridge plug or squeeze perforations 5470-5518; then, selectively perforate between 5300-70 and stimulate by hydraulic fracture; test and put on pump if satisfactory.

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

SIGNED



TITLE Area Manager

DATE March 21, 1975

(This space for Federal or State office use)

APPROVED BY

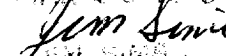
TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

MAR 25 1975



DISTRICT ENGINEER

\*See Instructions on Reverse Side

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APR 1 1968

U.S. DEPARTMENT OF COMMERCE  
WASHINGTON, D.C.

APPROVED

APR 23 1968

AMIA FILE  
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