

UNITED STATES **N.M. Oil Cons. Division**  
DEPARTMENT OF THE INTERIOR **PO Box 1980**  
BUREAU OF LAND MANAGEMENT **Hobbs, NM 88241**

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 86144
2. Name of Operator RAY WESTALL OPERATING	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 4 LOCO HILLS, NM 88255	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 660' FEL                      24 19S 32E	8. Well Name and No. GUNSMOKE FED. #1
	9. API Well No. 30-025-33304
	10. Field and Pool, or Exploratory Area <i>Crazy Horse Delaware</i> <del>S. TONTO BONE SPRING</del>
	11. County or Parish, State LEA COUNTY NM

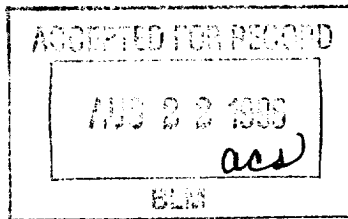
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

7/5/96      MOVED IN COMPLETION UNIT AND REVERSE UNIT  
7/15/96      PERFORATE WITH BULLETS 7581' TO 7613' 18 SHOTS  
7/16/96      ACIDIZED 1500 GAL. 7.5% HCL 15-30 SD  
7/18/96      FRAC WELL 20,000 GAL. 30# X-LINK 60,000# 16-30 SD  
8/6/96      HANG WELL ON



RECEIVED  
 AUG 16 12 32 PM '96  
 BUREAU OF LAND MGMT  
 HOBBS, NM

14. I hereby certify that the foregoing is true and correct  
 Signed Susan B. Parker Title PRODUCTION CLERK Date 8/12/96

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Conditions of approval, if any: \_\_\_\_\_