

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032579 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 P
SE $\frac{1}{4}$ SE $\frac{1}{4}$ 25-25S-37E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, ST, GR, etc.)
3058 DF

7. UNIT AGREEMENT NAME

Fed. Lease

8. FARM OR LEASE NAME

Carlson B-25

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Justis Fusselman-Tubb Drink-

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

Section 25-25S-37E

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	REPAIR 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"/>	

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) Plug Back & Stimulate <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 and 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.)*

February 4, 1969 through February 11, 1969

Pulled both strings of tubing, packer and PSA. Set cast iron bridge plug at 6200 to plug back from Fusselman perforations 6872-94 and 6898-6918. Added Tubb perforations as follows: one $\frac{1}{2}$ " hole each at 5719, 5729, 5731, 5758, 5761, 5764, 5790, 5792, 5809, 5811. Treated Tubb perforations with 2500 gallons acid. Ran single string of tubing and put well on production from Tubb-Drinkard zone as single zone completion.

February 17, 1969 - Pump 53 BF, 1% BS&W, 24H

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

SIGNED [Signature]

TITLE Area Manager

DATE 10/21/74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____