

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

MM Roswell District
Modified Form No.
MND60-3160-4

6. LEASE DESIGNATION AND SERIAL NO.
RECEIVED

NM28790

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

FEB 19 '90

7. UNIT AGREEMENT NAME

O. C. D.

8. FARM OR LEASE NAME
PHILLIPS FEDERAL

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

SHUGART

11. SEC., T., S., M., OR BLE. AND
SURVEY OR AREA

SEC 33-T18S-R31E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

RAY WESTALL

3. ADDRESS OF OPERATOR

PO BOX 4 LOCO HILLS, NM 88255

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

1650 FNL 660 FEL

14. PERMIT NO.

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

3605' GR 3615 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.) *

10-17-89 PERFORATE 15 HOLES 3646-3857
10-18-89 ACIDIZE w/1000 GAL 15% SRA
10-19-89 FRAC w/30,000 GAL 30# ~~EX~~ GEL 48,400# 12/20SD
11-15-89 PERFORATE 10 HOLES 3412-3563
11-18-89 PERFORATE 11 HOLES 2668-2731
11-20-89 FRAC PERFS 2668-2731 w/40,000 GAL 20# GEL
33,000# 20/40, 48,000# 12/20
11-23-89 PUMP TESTING

RECEIVED
OIL & GAS DIVISION
'90 FEB 26 AM 10 56

ACCEPTED FOR RECORD

Adz

FEB 16 1990

CARISBAD, NEW MEXICO

RECEIVED
FEB 17 8 22 AM '90

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

SIGNED

Glinda J. Jaeger

TITLE

PRODUCTION CLERK

DATE

02/08/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side