

RECEIVED BY 9-331
DEC. 1973

DEC 11 1984

O. C. D.

ARTESIA, OFFICE

NM OIL CONS. COMMISSION
Drawer DD

UNITED STATES, NM 88210

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
Ray Westall

3. ADDRESS OF OPERATOR
Box 4 Loco Hills, NM 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310 FSL & 1650 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☒
☒
☐
☐
☐
☐
☐

5. LEASE
LC-29020 34

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dexter Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Grayburg Jackson-SR-Q-G

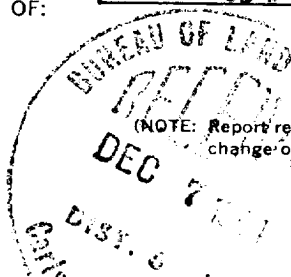
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T17S, R30E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.
3677

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3688 RB



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

10-1-84 Lovington Sand

Perforated 3170-80 3192-3200 Acidized & swabbed. Frac'd w/40,000 gal. 2% KCL, 30% gel, 60,000# 20/40 sand.

10-29-84 Ran bridge plug @ 3100'. Producing from Grayburg only.

10-29-84 Grayburg - METEX

Perforated 2742-46-50-70-80-86-88, 2800-2-18-20-26-28-30-92-94, 2938-40-64-66-68. Acidized w/1,000 gal. acid.

10-29-84 Acidized 2742-2830.

10-31-84 Frac'd w/40,000 gal. 2% KCL, 30% gel, 60,000# 20/40 sand.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ray Westall TITLE Operator DATE 12-5-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

[Signature]

*See Instructions on Reverse Side

