

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT ON TRIP DATE
(Other instructions
verse side)

FEDERAL APPROVED
Budget Bureau No. 42-R1423
LEASE DESIGNATION AND SERIAL NO.

LC-029392 (B)
IF INDIAN, ALLOTTED 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.)

RECEIVED

1. TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> OTHER	7. LEASE AGREEMENT NAME
2. NAME OF OPERATOR Westall - Mask	8. FARM OR LEASE NAME Hinkle "B" Federal
3. ADDRESS OF OPERATOR Drawer 1477, Roswell N.M. 88201	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. Show on stage if below surface.) 2,310' from North Line and 2,310' from West Line	10. FIELD AND POOL, OR WILDCAT Shugart 4-SR- & G
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26 - 18S - 31E	12. COUNTY OR PARISH Eddy
13. STATE New Mexico	14. PERMIT NO.
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3,654' Gr.	

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O. C. C.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FILL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
STIMUL WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 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.) *

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We set a plug at 3,920' and perforated (33 Holes) between 3,646' and 3,876'
Hole Size: .41 at 1 Foot Intervals

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

SIGNED Jack Mask TITLE (Agent) Co-Owner DATE 11/7/78

(This space for Federal or State office use)

APPROVED BY Joe D. Latta TITLE ACTING DISTRICT ENGINEER DATE NOV 13 1978

CONDITIONS OF APPROVAL, IF ANY: