

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

11 S.  
Artesia, NM

Division

2834

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

5. Lease Designation and Serial No.

NM27801

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Tuesday "A" Federal #1

9. API Well No.

30-015-25511

10. Field and Pool, or Exploratory Area

Parkway Wolfcamp, So.

11. County or Parish, State

Eddy

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Ray Westall

3. Address and Telephone No.

P. O. box 4 Loco Hills, NM 88255 (505) 677-2370

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1400 FNL & 990 FWL  
Sec 3, T20S, R29E

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

TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

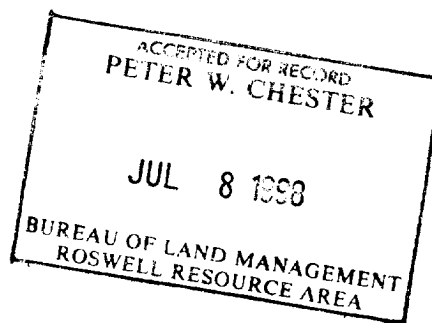
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(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.)\*

08/96 - 10/96

Set pkr @ 9185'  
cmt squeeze 2/250 sx "H" & 100 sx "C"  
attempting wqueeze Wolfcamp perms 9310-9378  
Pkr failure. cmt tbg. back off tbg @ 6950  
milled & cleaned out to 7565'  
SI until further study



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

Signed

Title Geologist

Date 11/04/96

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date