

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRICATE\*  
(Other instruct on re-verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR RAY WESTALL	8. FARM OR LEASE NAME MERIDIAN FEDERAL
3. ADDRESS OF OPERATOR PO BOX 4 LOCO HILLS, NM 88255	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL & 660 FWL	10. FIELD AND POOL, OR WILDCAT PARKWAY
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 3-T20S-R29E
15. ELEVATIONS (Show whether DF, RT, or BLK.) 3661-GL	12. COUNTY OR PARISH EDDY
	13. STATE NM

RECEIVED

MAY 30 '90

C. C. D.

ARIESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL 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"/>		<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) SPUD & CSNG	<input type="checkbox"/>		<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.) \*

04-23-90 TD 250' MOVE OFF CABLE TOOL  
04-24-90 MOVE ON W.E.K. RIG #1 REAM HOLE TO 274', RAN 7JTS 16" 65# SET AT 265' CMT/w 80sxs  
PACE SETTER LITE & 200sxs "C" 2% CACL PD 12:30am 04-25-90 CIR 50sxs TO PIT  
04-27-90 TD 1454' RAN 36JTS 11 3/4" 42# CSNG CMT w/520sxs PACE SETTER LITE 200sxs "C"  
PLUG DOWN 7:00pm CIR 194sxs TO PIT  
04-28-90 DRILLING LOST RETURNS @ 1915' REGAINED  
04-29-90 LOST @ 2104' REGAINED LOST @ 2400' REGAINED  
04-30-90 TD 3212' RAN 74JTS 8 5/8 32&24# CSNG, CMT w/980sxs PACE SETTER LITE, 400sxs  
CLASS "C" 1% CACL CMT DID NOT CIRCULATE TEMP SURVEY TOP CMT 1604  
05-01-90 RAN 3/4" PIPE TAG CMT @ 1650' PUMP 200sxs PACE SETTER LITE "C" 2% CACL<sup>2</sup> WOC  
2hrs. TAG CMT @ 1350' WOC 12hrs  
05-02-90 PRESSURE TEST CSNG TO 1000# HELD 30min

ACCEPTED FOR RECORD

MAY 25 1990

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

*Anda & Jaeger*

TITLE

PRODUCTION CLERK

DATE 05-17-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side