(April 2004)		UNITED STAT ARTMENT OF TH EAU OF LAND MA	E INTERIOR	OCD Artesia	5. Lease Se	FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007 rial No.	
SUI	NDRY NO	TICES AND R	EPORTS ON	WELLS	1	1-0030752	
		orm for proposals Use Form 3160-3			6. If India	n, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.					7. If Unit	7. If Unit or CA/Agreement, Name and/or No	
1. Type of Well Oil Well O Gas Well Other SWD						8. Well Name and No.	
2. Name of Operator Ray	Westall Opeat	ing, Inc.			Empir 9. API W	re A Federal Com No.2 /ell No.	
3a Address P.O. Bay 4 Laco Hills	NM 88755			3b. Phone No. (include area code) 575-677-2372		5-29618	
 P.O. Box 4, Loco Hills, NM 88255 4. Location of Well <i>(Footage, Sec., T., R., M., or Survey Description)</i> 1650' FNL & 660' FEL, Sec.27, Twp 18S, Rng 29E 				5/5-0//-2372		10. Field and Pool, or Exploratory Area SWD; Wolfcamp / Canyon 11. County or Parish, State.	
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					Eddy		
12. CHE	ECK APPRO	PRIATE BOX(ES) 1	O INDICATE NA	TURE OF NOTICE,	REPORT, O	R OTHER DATA	
TYPE OF SUBMISS	ION			TYPE OF ACTION			
		Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
Notice of Intent		Alter Casing	Fracture Treat			Well Integrity	
Subsequent Report		Casing Repair Change Plans	New Construc	· · ·			
Final Abandonment	Notice	Convert to Injection	Plug Back	Water Disp			
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