

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

APR 01 1983

O. C. D.

5a. Indicate Type of Lease

State ☒ For ☐

5. State Oil & Gas Lease No.

E-6418

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A PRELIMINARY RESERVOIR.
USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

MAY 06 1983

2. Name of Operator

Ray Westall

O. C. D.

3. Address of Operator

P.O. Box 4 Loco Hills, NM

ARTESIA OFFICE
88255

4. Location of Well

UNIT LETTER G 2210 FEET FROM THE North LINE AND 2310 FEET FROM
THE East LINE, SECTION 11 TOWNSHIP 16S RANGE 31E NMPH.

7. Unit Agreement Name

8. Farm or Lease Name

Mobil State

9. Well No.

1

10. Field and Pool, or Wildcat

Und. N. Sq. LakeG/SA

15. Elevation (Show whether DF, RT, GR, etc.)

4415. GR

12. County

Eddy

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☒PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOBS ☒OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-15-83 Spud well with 12 $\frac{1}{4}$ " bit. Ran 1266' of 8 5/8", 24#, 8 rd. casing. Set & cemented at 1278' w/600 sx Pacesetter Lite, 5# salt, 1# Celeseal, 1# Perma Check, 200 sx Class "C" with 2% CaCl. Circulated 200 sx cement. WOC 18 hours. Pressured up 800# for 30 min. Held OK.

3-22-83 T.D. 4070'. Ran open hole log.

3-23-83 Ran 4070' of 5 $\frac{1}{2}$ ", 14# J-55 casing. Cemented w/500 sx Pacesetter "C", 5# salt, 1# Flocele followed w/500 sx 50/50 "C" Poz mix, 6/10 of 1% CF-9, 3/10 of 1% TF-4, 3% KCL. Cement circulated to surface. Float held. WOC 24 hours.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

Ray Westall

TITLE

Operator

DATE

3-30-83

Original Signed By

Leslie A. Clements

APPROVED BY

TITLE

Supervisor District II

DATE

MAY 09 1983

CONDITIONS OF APPROVAL, IF ANY: