

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NEW OIL CONSERVATION COMMISSION
STIMULANT INJECTION
For Instructions on reverse side
Artesia, NM 88210

Form approved,
Budget Bureau No. 42-R1424.

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.)

MAY 18 1984

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM 26689
2. NAME OF OPERATOR Ray Westall	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills, New Mexico 88255	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 1980 FEL	8. FARM OR LEASE NAME Superior
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4034. GR	10. FIELD AND POOL, OR WILDCAT East Square Lake
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-21, T-16S, R-31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

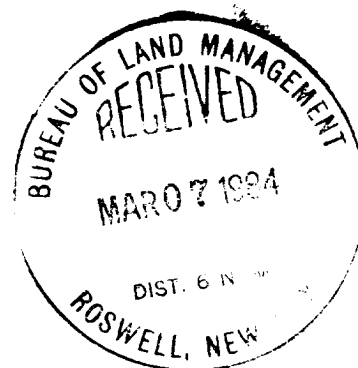
WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☒	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		

(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.) *

2-22-84 Perforated Premier: 3548-46
3541-38
3534-29
2 shots per foot (23 holes)

2-22-84 Fro'd with 20,000 gal. 3% KCL, 30# gal & 20,000 # 20/40 sand.



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

SIGNED Ray Westall TITLE Operator DATE 3-5-84

(This space for Federal or State office use)

APPROVED BY GWG TITLE _____ DATE _____

CONDITIONS OF APPROVAL MAY 15 1984

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side