

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. CO. 3310X
Drawings instructions on re-
verse side
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON RECEIVED

(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"/>		MAR 19 1983		5. LEASE DESIGNATION AND SERIAL NO. NM 034696	
2. NAME OF OPERATOR Ray & Garel R. Westall		O. C. D. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 4 Loco Hills, NM 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 FSL & 660 FWL				8. FARM OR LEASE NAME Vola Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3287.8		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-17S, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

7-7-81 Perfs: See attachment

7-9-81 Frac'd as follows: 40,000 + 500 gal. 15% spearhead acid, gel 2% KCL, 50,000 20/40 sand.

7-10-81 Perfs: See attachment

7-11-81 Frac's as follows: 40,000 gal. gel 2% KCL water. Ran 500 gal. 15% spearhead acid in front of frac. 50,000# 20/40 sand.

RECEIVED

MAR 9 1983

OIL & GAS
MINERALS TRNGT. SERVICE
ROSWELL, NEW MEXICO

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

SIGNED <u>Ray Westall</u>	TITLE <u>Operator</u>	DATE <u>7-20-81</u>
(This space for Federal or State office use)		
APPROVED BY <u>(ORIG. SGD.) DAVID R. GLASS</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL <u>MAR 17 1983</u>		

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side