

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

LC 031844

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Ray Westall		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills, N.M. 88255		8. FARM OR LEASE NAME Arco Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Grayburg/Jackson	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4038		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1, T-17S R-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

Unit Letter G 1980 FNL 1980 FEL

RECEIVED

DEC 14 1981

O. C. D.

ARTESIAL OFFICE

16. 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"/>	

SUBSEQUENT REPORT OF:

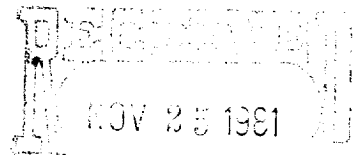
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Running casing

(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.) \*

November 6, 1981 - Spud well with 11" bit - Changed bit to 7 7/8".  
Ran 655' of 8 5/8" OD 8rd. 24# casing. Cemented with 250 sx of class "C" cement. 2% CaCl. Circulated 30 sx to surface. WOC 18 hours. Pressured up 500# for 30 minutes. Held O.K.

November 13, 1981 - T.D. 4300' Ran 4300' of 4 1/2" 10-5 8rd. casing. set and cemented with 500 sx. 50/50 Poz mix with 2% gel and 5# salt. Cement and circulated to surface. Float held. WOC 25 hours.



O. C. D.  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED ROGER A. CHAPMAN

TITLE Operator

DATE 11-23-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

DEC 11 1981  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side