

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL & GAS TRANSPORTATION
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-049998 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

JUN 16 9 35 AM '83

JUN 29 1983

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	BUR. OF LAND MGMT ROSSELL DISTRICT	O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR Ray Westall		8. FARM OR LEASE NAME Last Chance Fed.
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills, NM 88255		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 2310 FEL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3733.2 GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-17S-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 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) Spud, 8 5/8, TD, 5 1/2" csg.	
(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.)*

4-5-83 Spud well with 12 1/4" bit @ 6:15 P.M.

4-6-83 Ran 14 jts. 562' of 8 5/8" 23#, 8 rd. casing. Set & cemented @ 574' w/400 sx Class "C", 1/4# Cello-Seal & 2% CaCl. Plug down @ 7:00 A.M. Circulated 25 sx cement. WOC 18 hrs. Tested BOP to 800# for 30 min. Held OK.

4-13-83 T. D. 3612'. Ran 90 jts. 3622' of 17# 5 1/4" casing. Set & cemented @ 3612' w/500 sx Halliburton Lite & 500 sx 50-50 Poz. Cement circulated to surface. Float held. WOC 24 hrs.

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

SIGNED Ray Westall TITLE Operator DATE 6-14-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 21 1983

*See Instructions on Reverse Side