

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 049998 A	
2. NAME OF OPERATOR RAY WESTALL ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills NM 88255 O.C.D.		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 1650 FNL E 2310 FEL		8. FARM OR LEASE NAME LAST CHANCE FED.	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3733.2 GR		10. FIELD AND POOL, OR WILDCAT GRAY BURE JACKSON	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-175-31E	
		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 COMPLETION <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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

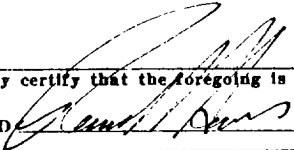
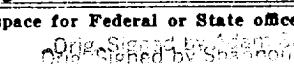
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PREP TO CEMENT SQUEEZE EXISTING PERFORATIONS 2862-3600
WITH 500 SXS CLASS 'C'

REPERFORATE Selective intervals and stimulate for production
if procedure does not establish production the well P&A

RECEIVED
APR 30 8 14 AM '90
CARL
AREV

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

SIGNED 	TITLE <u>GEOLOGIST</u>	DATE <u>4/27/90</u>
(This space for Federal or State office use)		
APPROVED BY 	TITLE <u>PETROLEUM EN</u>	DATE <u>5-1-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side