

CSF

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR  
Ray Westall

3. ADDRESS OF OPERATOR  
Box 4 Loco Hills, N.M. 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1219' FWL 1700' FNL SE/4 NW/4  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐  
☒  
☒  
☐  
☐  
☐  
☒  
☐

5. LEASE

NM 14847

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Green Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Und AID-Y-SR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

19-17S-29E

12. COUNTY OR PARISH

Eddy

13. STATE

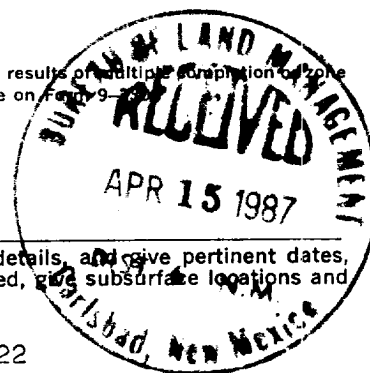
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3696 Gr

(NOTE: Report results of multiple completion or type change on Form 9-331-C)



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.)\*

2-19-87 Perforated 2262-64-66-68 2302-04-06-12-14-20-22

Acidized w/1,000 gal. 15% NEFE

2-25-87 Frac'd w/20,000 gal. WF30 using 30,200# 20/40 & 16,000# 12/20 sand.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ray Westall TITLE Operator DATE 4-13-87

(This space for Federal or State office use)

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