

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 27278	
2. NAME OF OPERATOR RAY WESTALL		6. IF INDIAN, ALLOTTEE OR MINOR NAME ARTEZIA, NM 88210	
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 UNIT LETTER N 990' FSL 2310' FWL		8. FARM OR LEASE NAME FEDERAL N	
14. PERMIT NO. 30-015-20608		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3475' GR		10. FIELD AND POOL, OR WILDCAT BENSON QUEEN GRAYBURG	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 26 18S 30E	
		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) CHANGE OF OPERATOR <input checked="" 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.)*

CHANGE OF OPERATOR:

FROM: JFG ENTERPRISE
BOX 100
ARTESIA, NM 88210

TO: RAY WESTALL
P.O. BOX 4
LOCO HILLS, NM 88255

INTENTION:

TO REPAIR AND PLACE BACK ON PRODUCTION

EFFECTIVE JANUARY 1, 1993

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

SIGNED Glenn Warden

TITLE PRODUCTION CLERK

DATE 10/21/93

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side