

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE  
(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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DEC 03 1993		5. LEASE DESIGNATION AND SERIAL NO. NM-27278	
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		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 P 990' FSL 990' FEL		8. FARM OR LEASE NAME FEDERAL N	
14. PERMIT NO. API 30-015-20689		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3413' GR		10. FIELD AND POOL, OR WILDCAT BENSON QUEEN GRAYBURG	
		11. SEC, T, R, M, OR BLK, AND SURVEY OR ARMA SEC 27 18S 30E	
		12. COUNTY OR PARISH EDDY	13. STATE NM

18. 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 checked="" type="checkbox"/> CHANGE OF OPERATOR	

(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  
P.O. 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 Janet Harden

TITLE PRODUCTION CLERK

DATE 10/21/93

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side