

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP. DATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 067132

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 formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
RAY WESTALL ✓

3. ADDRESS OF OPERATOR
BOX 4, LOCO HILLS, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2080
660 FNL, 2980 FWL, S27 T18S R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3459.3

NOV 18 1980

O. C. D.

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Denton Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Turkey Track

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S27 T-18S R-29E

12. COUNTY OR PARISH
EDDY

13. STATE
N.M.

16. 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 checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" 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 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.)*

Perforate, acidize and frac the 7 Rivers, & Queen zones.

RECEIVED
NOV 10 1980
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Ray Westall TITLE Operator DATE 11-6-80

(This space for Federal or State office use)

APPROVED BY GEORGE H. STEWART TITLE DISTRICT ENGINEER DATE NOV 12 1980

CONDITIONS OF APPROVAL, IF ANY: