

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 62404

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 reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

RAY WERSTALL

3. ADDRESS OF OPERATOR

P.O. BOX 4 LOCO HILLS, NM 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

2310 FEL 2310 FNL LETTER G SEC 20, T18S R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3617 GR

10. FIELD AND POOL, OR WILDCAT

LOCO HILLS O-G-SA

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

SEC. 20, T18S R29E

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)\*

SET CIBP @ 2450'

LOAD HOLE WITH CEMENT TO 400'

PERFORATE 4 1/2" CSNG @ 400'

ESTABLISH CIRCULATION

PUMP CEMENT TO FILL ANULAR VOLUME AND CASING VOLUME

INSTALL DRY HOLE MARKER

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

SIGNED Joanell Warden

TITLE PRODUCTION CLERK

DATE 03/12/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side