

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLIC
(Other instructions on
reverse side)

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

CISF

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC062404	
2. NAME OF OPERATOR RAY WEXSTALL		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 2310 FEL 2310 FNL LETTER G SEC 20, T18S R29E		8. FARM OR LEASE NAME HEWITT FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, 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:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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 Guanel Harden

TITLE PRODUCTION CLERK

DATE 03/12/93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE PETROLEUM ENGINEER

DATE APR 20 1993

CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED

*See Instructions on Reverse Side