

RECEIVED BY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNM OIL CONS. COMMISSION
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 19440

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ritz Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart

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

35-18S-30E

12. COUNTY OR PARISH

Eddy

NM

1. ARTESIAN
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Ray Westall

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

1980' FEL & 660' FSL

14. PERMIT NO.

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

3489.0 GR

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

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 perti-
nent to this work.) *

11-16-83 Acidized well with:
2,000 gal. 15% acid
2,000 gal. SRA additive
4 gal. clay stabilizer
75 bbls. 2% KCL water

11-29-83 Acidized well with:
2,500 gal. 15% acid
2,500 gal. SRA additive
5 gal. clay stabilizer

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

SIGNED

Ray Westall

TITLE

Operator

DATE

12-8-83

(This space for Federal or State office use)
ACCEPTED FOR RECORDAPPROVED BY (ORIG: SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL

DEC 27 1983

DATE

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO