

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NEW MEXICO COMMISSION  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or abandon a well. 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. NM 19440	
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 1980 FEL & 660 FSL		8. FARM OR LEASE NAME Ritz	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3489. GR		10. FIELD AND POOL, OR WILDCAT Shugart 4-BK-2-7	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-35, T-18S, R-30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED BY  
MAY 18 1984  
O. C. D.  
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) \*

3-5-84 Perforated: 3012, 14, 16, 18  
3030, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56  
(18 holes)

3-6-84 Acidized: 2,000 gal. MSR 15% acid. Swabbed. Good show of live oil.

3-7-84 Fractured: 40,000 gal. 2% KCL, 30# gel, 25 BPM at 2200#. Shut in overnight.

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

SIGNED Ray Westall TITLE Operator DATE 3-7-84

(This space for Federal or State Use)

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:  
MAY 15 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side