

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
SUBMIT IN T. LOCATE.
Draw on instructions on re-
verse side.
Artesia, NM 88200

Form approved.
Budget Bureau No. 42-R1424.

C/87

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. LC-067132	
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 930 FSL & 2000 FEL		8. FARM OR LEASE NAME Denton Fed	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3471 GR		10. FIELD AND POOL, OR WILDCAT Turkey Track, & H-8-g-st San Andres Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-21, T-18S, R-29E	
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

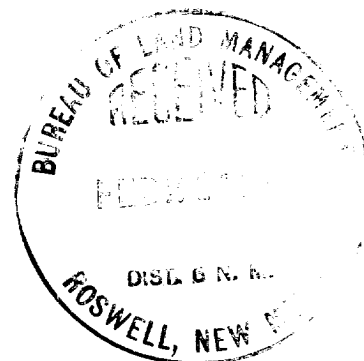
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Perforations	<input type="checkbox"/>		<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.) *

2-8-84 Perforated: 3138-42
3156-64
3172-76
1 perf per foot (16 holes)

Treatment: Acidized with:
2500 gal. 15% HCL acid
SRA additives
75 bbls 2% KCL water



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

SIGNED Ray Westall TITLE Operator DATE 2-22-84

(This space for Federal or State office use)
ACCEPTED FOR RECORD

APPROVED BY GWD TITLE _____ DATE _____
CONDITIONS OF APPROVAL MAY 15 1984

Carlsbad,

NEW MEXICO *See Instructions on Reverse Side