

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil 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. See space 17 below.)
AT SURFACE: 2311 FNL 1980 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) Spud, 8 5/8", T.D., 5 1/2" csg.	

5. LEASE
NM 025503
6. IF INDIAN, ALLOTTEE OR TRIBAL NAME RECEIVED BY
7. UNIT AGREEMENT NAME
OCT 18 1984
8. FARM OR LEASE NAME
Ritz Federal O. C. D.
ARTESIA, OFFICE
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Shugart Y-SR-Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S35, T18S, R30E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3421. GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

9-21-84 Spud well with 12 1/2" bit. 1:30 P.M.
Ran 463' of 8 5/8" 23# casing. Cemented @ 485' w/280 sx
Class "C" 2% CaCl. Circulated 10 sx. WOC 18 hrs.

10-1-84 T.D. 4,000'. Ran 4,000' 5 1/2", 17# 8rd casing. Pumped 1400 sx
Pacesetter Lite, 10# salt sx., 4# sx Hi Seal. 580 sx Class "C"
6% CF-1, 2% AFS, 5# sx Hi Seal. Cement circulated to surface.
WOC 24 hrs.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ray Westall TITLE Operator DATE 10-12-84
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL OCT 1 1984

[Signature] NEW MEXICO

*See Instructions on Reverse Side