

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 ☒ gas ☐ 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: 231A 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:                      | SUBSEQUENT REPORT OF:               |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>       | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/>            |
| (other) _____                                 |                                     |

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.)\*

10-8-84 Perforated: 3844-74 (31 holes)  
10-9-84 Acid Treatment: 1,000 gal. SRA 15% acid. Swabbed. No show.  
10-10-84 Perforated: 3078-88, 3190-96, 3204-13. Pumped 2,000 gal. SRA acid. Swabbed. Good show oil.  
10-11-84 Fracture Treatment: Frac'd 3078-3213 w/60,000 gal. 3% KCL, 30# gel, 100,000# 10/20 sand.

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  
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY AWG TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL OCT 1 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

5. LEASE  
NM 025503  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Ritz Federal  
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  
S-35, T-18S, R-30E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

