Form Approved. Budget Bureau No. 42-R1424 c/5 F

UNITED STATES

**GEOLOGICAL SURVEY** 

Artesia, NM 88210 5. LEASE DEPARTMENT OF THE INTERIOR

NM 025503 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)	7. UNIT AGREEMENT NAME	RECEIVED B
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME	Mu sa as
1. oil gas	Ritz	JAN 24 1988
well X well other  2. NAME OF OPERATOR	9. WELL NO. 4	O. C. D.
Ray Westall	10. FIELD OR WILDCAT NAME	ARTESIA, OFFICE
3. ADDRESS OF OPERATOR	Shugart Y-SR-Q-G-SA	
P.O. Box 4 Loco Hills, NM 88255  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREAS35, T18S, R30E	
below.)		
AT SURFACE: 890 FNL & 2110 FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE	
AT TOTAL DEPTH: Same	14. API NO.	NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF,	KDR AND WD)
	3424 GR	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other) Spud, 8 5/8", T.D., 5½" csg.	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
<ul> <li>17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertinent</li> <li>1-1-85 Spud 12¼ hole @ 1:30 P.M.         Ran 509¹ 8 5/8¹¹ casing. Set @ 521¹ w/30     </li> </ul>	irectionally drilled, give subsurfarit to this work.)*  00 sxs Class "C", 2% C	ce locations and
Circulated 40 sxs to pit. WOC. Test BC 1-9-85 T.D. @ 3988' 1-10-85 Ran 95 jts. 5½'', J-55, 17# csg. Set @ 3 Lite, 5 per High Seal, ½ Cello Seal. Pl	3972' w/113 sxs Pacese	tter
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED TITLE Operator  (This space for Federal or State of		
SIGITED THE STATE OF THE STATE	£	
APPROVED BY ACCUPACION FOR RECONTILE CONDITIONS OF APPROVAL, IF AND	DATE	

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\*See Instructions on Reverse Side