Form 9–331
Dec. 1973

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42–R1424

c/5F

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.)

RECEIVED BY

JUN 07 1985

O. C. D.

ARTESIA, OFFICE

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: 890 FNL 2110 FEL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH: Same

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.
   4

10. FIELD OR WILDCAT NAME
    Shugart Y-SR-Q-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 35, T18S, R30E

12. COUNTY OR PARISH   13. STATE
    Eddy   N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    3424. GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

	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)		

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.)*

02-12-85   Perforated: 3314-42 (12 holes)

02-12-85   Treatment: Acidized w/1,000 gal. 15% HCL SRA acid.

02-13-85   Frac'd w/40,000 gal. 30# gelled KCL water;
                        60,000# 20/40 sand.

JUN 05 1985

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 6-3-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 6 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO