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UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

O. C. D.

ARTESIA, OFFICE

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 ☐
well well

2. NAME OF OPERATOR

Ray Westall

3. ADDRESS OF OPERATOR

Box 4 Loco Hills, New Mexico 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980 FSL 2310 FWL

AT TOP PROD. INTERVAL: Same

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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) ☐

5. LEASE

NM 06245

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Trigg Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Und. Shugart - Y-SR-Q-6

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

35 18S 30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3429 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.)*

8-28-85 Perforated: 3167-90 w/21 .38 Cal shots

8-29-85 Fracture Treatment: Frac'd w/20,000 gal. KCl₂ water + 40,000# 20/40 sand.

8-31-85 Perforated: 3054-3064 w/21 .38 cal shots.

9-01-85 Fracture Treatment: Frac'd w/20,000 gal. gelled KCl water + 40,000# 20/40 sand.

9-02-85 Installed pumping unit.

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 10-9-85

(This space for Federal or State office use)

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