Form 9-331 Dec. 1973

Form Approved.

rtesia, NM 8021

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	5.	LEASE

Budget Bureau No. 42-R1424

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DEPARTA	AENT	OF	THE	IN

EPARTMENT	OF	THE	INTERIO
GEOLOG	ICAL	SUR	VEY

	1	IM.	06245	i		
6.	IF INDIAN,				TRIBE	NAME

INDOV	NATIOES	ANID	DEDODTE	AN	MELLO	7. UNIT AGREEMENT NAME

	D REPORTS ON WELLS ill or to deepen or plug back to a different
1. oil gas othi	RECEIVED BY
2. NAME OF OPERATOR Ray Westall	OCT 15 1985
3. ADDRESS OF OPERATOR Box 4 Loco	O. C. D. HIGHENAMERAILER 38255
4. LOCATION OF WELL (REPORT	LOCATION CLEARLY, Secure ce 17

15 1985		10. FIELD OR WILDO
O. C. D.		Shug
TESIAMONTO	99 9c c	11 SEC T P M

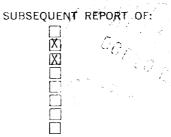
	DOX 1			1011	1100	
4.	LOCATION OF WEL	L (REPO	RT LOCA	TION CLEAR	LY. See spir	e 17
	below.) AT SURFACE:	980 F	SL 23	IO FWL		
	AT TOP PROD. IN AT TOTAL DEPTH:		ame			

16.	CHECK	APPR	OPRIATE	BOX	TO	INDICATE	NATURE	OF	NOTICE,
	REPOR"	r, or	OTHER	DATA					

TO:

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1	8.	FARM OR LEASE NAM	IE.
١		Trigg Fe	ederal
	9.	WELL NO.	
ļ		1_	
	10.	FIELD OR WILDCAT N	IAME
		Shugart	
	11.	SEC., T., R., M., OR E	BLK. AND SURVEY OF
		35 18S 30E	
	12.	COUNTY OR PARISH	13. STATE
		Eddy	NM.
~	14.	API NO.	
	15.	ELEVATIONS (SHOW	DF, KDB, AND WD

REQUEST FOR APPROVAL
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other)



(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

8-28-85 Perforated: 3167-90 w/21 .38 Cal. shots 8-29-85 Fracture Treatment: Frac'd w/20,000 gal. KCL, water + 40,000# 20/40 sand.

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

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: Man	u. and Type				Set @	Ft.
18. I hereby certify that the fo						
SIGNED Ray Wes	tall	TITLE	<u>Operator</u>	DATE	10-9-85	
	(TH	is space fo	r Federal or State office	e use)		
APPROVED BY CONDITIONS OF APPROVAL, IE		TITLE _		DATE		

*See Instructions on Reverse Side