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Form 9-331  
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O. C. D.

ARTESIA, OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYNM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210Form Approved.  
Budget Bureau No. 42-R1424

## 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

P.O. Box 4 Loco Hills, NM 88255

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

AT SURFACE: 1980' FNL 1980' FWL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

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-27278

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Featherstone Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Shugart - Y-SR-Q-6

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

26-18S-R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

30-015-25440

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

3412. GR

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

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DIST. 6 N.M.

Carlsbad New Mexico

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.)\*

10-28-85 Perforated: 3386-3400 (4 shots perfoot)  
Acidized: Pumped 30 gal. acid; spotted bottom perfs. Set packer-did not hold, so came out of hole with it.

10-29-85 Ran packer &amp; bridge plug back in hole. Set packer between perfs @3406. Pumped perfs, broke down @ 1800#-communicated. Spotted 100 gal. acid over all perfs, pulled packer to 3350'.

10-31-85 Fracture: 60,000 gal. 2% KCL, 30# gel, 120,000# 20/40 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 11-13-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NOV 18 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO