

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.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR

Ray Westall

3. ADDRESS OF OPERATOR

Box 4 Loco Hills, NM 88255

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

AT SURFACE: 2310' FNL & 990' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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☒
☐
☐
☐
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☐
☐

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.

3

10. FIELD OR WILDCAT NAME

Shugart

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

Sec. 35, T18S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3416. 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.)*

2-4-86 Perforated: 3138-3338

2-6-86 Acidized w/2,500 gal. 15% HCL acid

2-6-86 Fracture: 40,000 gal. gelled 3% KCL water working 91,000# 20/40 sand. Flush with gelled water.

ACCEPTED FOR RECORD

MAY 13 1986

CARLSBAD, NEW MEXICO

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 5-7-86

(This space for Federal or State office use)

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