

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 ☐ 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: 1650' FSL 1650' 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) Spud, 13 3/8", 8 5/8", 5 1/2", T.D.

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.)*

8-20-87 Spud 17 1/2" hole @ 3:00 P.M.

8-21-87 Ran 15 jts. 538.59' 13 3/8" 72# N80 casing. Set & cemented @ 540' w/150 sxs 35/65 std. w/6% DZO, 3/4# D29, 2% CaCl, 200 sxs HE-2 w/3/4# D29, 2% CaCl. Circulated 100 sxs. WOC 18 hrs.

8-22-87 Ran 40 jts. 1671.43' 24# 8 5/8" casing. Set & cemented @ 1674' w/400 sxs 35/65 Poz.std. 6% gel, 8# salt, 1/4# Flocele plus 200 sxs HE-2, 2% CaCl, 3/4# Flocele. Circulated 45 sxs. WOC.

8-23-87 Nipple up & test BOP to 800# for 30 min. Held OK.

8-27-87 TD @ 3500'. Ran 101 jts. 3506.57' 17# 5 1/2" csg. Set & cemented @ 3500' w/340 sx35/65 Poz std, 300 sx 25/75 Poz std. Plug down @ 2:30 PM. Set @ Ft.
Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED Mayne Hill TITLE Secretary DATE 9-1-87

(This space for Federal or State office use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

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. 6
10. FIELD OR WILDCAT NAME Shugart-Y-SR-Q-G
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T18S, R30E
12. COUNTY OR PARISH Eddy 13. STATE N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3421 GR

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

SEP 10 1987
SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO