

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUMMARY 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: 1650' FSL 1650' FWL

AT TOP PROD. INTERVAL:

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) ☐

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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.

6

10. FIELD OR WILDCAT NAME

Shugart - Y-5L-Q-5

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.)

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.)*

08-31-87 Perforate: 3033-3053 20 holes (1 per ft)

09-01-87 Acid Treatment: Spotted 250 gal. 15% NEFE

09-01-87 Fracture Treatment: Frac'd w/35,700 gal. WF30 using 10,000# 100 mesh & 40,000# 20/40 sand.

ACCEPTED FOR RECORD

SJS
SEP 10 1987

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

CARLSBAD, NEW MEXICO

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

SIGNED Maryne Hill TITLE Secretary DATE Sept. 2, 1987

(This space for Federal or State office use)

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

RECEIVED

SEP 4 11 06 AM '87
CARLSBAD, NEW MEXICO
AREA HEADQUARTERS