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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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
RAY WESTALL
3. ADDRESS OF OPERATOR
P.O. Box 4, Loco Hills NMI 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 FSL & 990 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:

- 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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RECEIVED

JAN 30 '89

O. C. D.

ARTESIA OFFICE

5. LEASE
NM-06245
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
TRIG-6 FEDERAL
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
SHUGART 7R-QW-GO-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-185-30E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30-015-25898
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3420 GL - 3430 KB

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.)*

12-1-88 PERE 3030-3040 w/ 20 .40 cal shots
ACID w/ 2000 GAL 15% NEFE

ACCEPTED FOR RECORD

JAN 26 1989

12-27-88 PERE 2900-2970 w/ 34 .40 cal shots
ACID w/ 2000 GAL 15% NEFE

EB
CARLSBAD, NEW MEXICO

12-28-88 FRAC 2900-2970 w/ 60,000 gal Gel H₂O
INT 47 BPM @ 2200 #

96,000 # 20/40 + 57,000 # 12/20

12-30-88 Place well Back on Production

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

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

SIGNED _____ TITLE GEOLOGIST DATE 1/13/89

(This space for Federal or State office use)

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