

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. COPIES  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

45F

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-06245
2. NAME OF OPERATOR RAY WESTALL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO BOX 4 LOCO HILLS, NM 88255	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FSL & 330 FWL	8. FARM OR LEASE NAME TRIGG FEDERAL
14. PERMIT NO.	9. WELL NO. 9
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3402.8	10. FIELD AND POOL, OR WILDCAT SHUGART
	11. SEC., T., R., M., OR BLK. AND HURVY OR AREA 35-T18S-R30E
	12. COUNTY OR PARISH EDDY
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	FULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING*
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

PROPOSE TO CHANGE TOTAL DEPTH FROM 3200' TO 4500'

RECEIVED

JUL 20 '90

D.  
ARTESIA, OFFICE

RECEIVED  
JUL 13 10 26 AM '90  
CARRIZO  
AREA

RECEIVED

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

SIGNED Alinda J. Jorgensen TITLE PRODUCTION CLERK DATE 07-12-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 7-17-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side