

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0139
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 06245

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS 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 and in accordance with any State requirements.
See also space 17 below.)

At surface

1650 FSL & 330 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3402.8 Gr.

RECEIVED

MAR 5 1991

O. C. D.
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Trigg Federal

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Shugart

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

35 T18S-R30E

12. COUNTY OR PARISH

13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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 and 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.)

10/1/90 Perf 2896-2906 W/20 shots

10/2/90 Acid perfs w/ 2000 gal 15% HCl

10/10/90 Frac perfs w/ 30,000 Gal 30# H2O + 58,000# 20/40 sd
AIR 16 BPM @ 2400# ISDP 2000# 15 min 1700#

10/15/90 Recovered load will pump 1/4 bopd.
S.I. for evaluation

1/3/91 Perf 2196-2288 w/20 .40 cal shots

1/15/91 Acid perfs w 750 gal 15% HCl

1/18/91 Frac perfs w/ 900 gal foamed KCl wtr + 27,000# 20/40 sd

1/30/91 Recovered load producing 30 BOPD 50 MCFG 100 BW

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

SIGNED

TITLE Geologist

DATE 2/24/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS