

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		FEB - 7 1991		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Ray Westall		O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME Trigg Federal	
3. ADDRESS OF OPERATOR Box 4, Loco Hills NM 88255				9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FWL & 330 FSL				10. FIELD AND POOL, OR WILDCAT	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35, T18S-R30E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3513 Gr.		12. COUNTY OR PARISH Eddy	
				13. STATE 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	<input type="checkbox"/>	PULL OR ALTER CASING	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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 casing program to:

Surface 12 $\frac{1}{4}$ " hole to 600' (top salt) run 24# 8 5/8" csng and circulate cement
Production 5 $\frac{1}{2}$ 17# to TD of 3500' and Circulate cement est.1500 sxs

RECEIVED
FEB 5 11 42 AM '91
CARTER
AREA

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

SIGNED

TITLE Geologist

DATE 2/4/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 2/6/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side