

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 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 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 1980 FWL & 330 FSL		8. FARM OR LEASE NAME Trigg Federal	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3513 Gr.		10. FIELD AND POOL, OR WILDCAT Shugart	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35 T 18S-R 30E	
		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 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 PLANE <input type="checkbox"/>
(Other) <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"/>	

(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.)*

2-13-91 Spud 12 1/4" Hole @ 9:30 AM
2-14-91 Ran 595' 8 5/8" 24# casing Cement W/525 sxs cement
Circulate 100 sxs to pit Plug down @ 12:15 AM
2-15-91 Drilled out W/ 7 7/8" bit at 6:45 PM
2-21-91 TD 3550 Run 3550' 5 1/2" 17# casing cement W/ 500 sxs lite
350 sxs Class C 5# salt Plug down 1:30 PM Cmt did not
circulate Released rig
Prep to move in completion unit and run cement bond & Gr/N logs

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

SIGNED 
(This space for Federal or State office use)

TITLE Geologist

DATE 2/24/91

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED
FEB 27 10 39 AM '91
CARL SPEDD SOURCE
AREA HEADQUARTERS

RECEIVED

ACCEPTED FOR RECORD

FEB 28 1991
SJS