

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved. ²⁵¹
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM 06245
2. NAME OF OPERATOR Ray Westall	MAY 22 1991	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 4, Loco Hills NM 88255	O. C. D. ARIZONA OFFICE	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal requirements. See also space 17 below.) At surface 1980 FWL & 330 FSL		8. FARM OR LEASE NAME Trigg Federal
		9. WELL NO. 10
		10. FIELD AND POOL, OR WILDCAT Shugart
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA 35-T18S-R30E
14. PERMIT NO. 30-015-26578	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3513 Gr.	12. COUNTY OR PARISH Eddy
		13. STATE NM

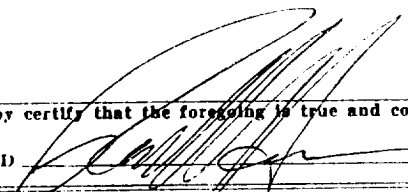
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<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.) *

3/2/91 Log W/Atlas CNL/Gr, CCL/CBL Perf 3126-41 W 15 .40 Cal shots
3/4/91 Acid w/ 1000 gal 15% SRA
3/5/91 Frac w/ 35,000 gal Gel KC1 & 75,000# 20/40 sd
3/6/91 Perf 3007-56 W/17 .40 cal shots
Acid w/1500 gal 15% sra
3/7/91 Frac w/35,000 gal gel KC1 wtr & 85,000# 20/40 sd
3/11/91 Shot squeeze holes @ 1190 Squeezed 400 sxs class "C"
circulated 35 sxs to pit
3/13/91 Drill out,retainer
3/14/91 Hang well on pump

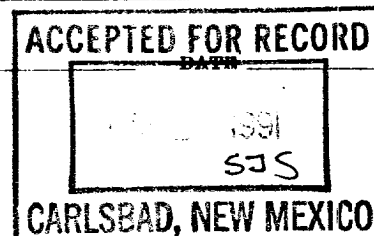
18. I hereby certify that the foregoing is true and correct

SIGNED  TITLE Geologist DATE 4/28/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side