Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

	March 1
M M. Oil Cons.	\$ 5 1 1 5 2 PM 4 PM 1 PM
A THE MICHIGA	1 11 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15

١.	; i.	Oll Cons.	CIVIDIUII
4	15	1st Street	

FORM APPROVED Budget Bureau No. 1004-0135

,	J. Dease Designation and Serial No.		
	LC- 04700 a 047800/		

	LAND MANAGEMENT	Artesia, NM 88210	-2834 Expires: March 31, 1993
SUNDRY NOTICES	AND REPORTS ON WEL	LS	5. Lease Designation and Serial No. LC - 04700 A 047800 6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to d Use "APPLICATION FO	rill or to deepen or reentry to DR PERMIT—" for such prop	o a different reservoir. osals	
SUBMI	T IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well Sas Well Well Other		14 - 15 / 14 / 17 / 2	14-08-0018862
2. Name of Operator			8. Well Name and No.
RAY WESTALL OPERATING			TAYLOR UNIT #9
3. Address and Telephone No.			9. API Well No.
P.O. BOX 4, LOCO HILLS, 4. Location of Well (Footage, Sec., T., R., M., or Survey D	NM 88255 (505)67	7-2370	10. Field and Pool, or Exploratory Area SHUGART
660'FSL &660' FEL	, see a s		
000 100 4000 100	T.		11. County or Parish, State
SEC. 12 18S 31E	Р		EDDY, NM
2. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE	OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF ACTION	
Notice of Intent	Abandonment		Change of Plans
Subsequent Report	Recompletion Plugging Back		New Construction Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing		Water Shut-Off
		VERSION TO PROI	Conversion to Injection Dispose Water
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

12/15/96 STOP INJECTION, INSTALL PUMPING EQUIPMENT, CHECKING FOR SHOW'S



	The state of the s			
14. I hereby certify that the foregoing is true and correct Signed Susan R. Parker	Title _	CECLOCIET Production Clerk	Date _	1/24/97
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title _	PETROLEUM ENGINEER	Date _	JAN 2 9 1997