

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instruction  
verse side)

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

LEASE DESIGNATION AND SERIAL NO.

LC587904A

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Ray Westall Operating		8. FARM OR LEASE NAME Taylor Unit	
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills n.M. 88255		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FNL, 660 FWL, Sec.13, T.18S. R.31E.		10. FIELD AND POOL, OR WILDCAT Shugart (Y.SR.QN.G.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, UR, etc.) 3750 G.L.	
16. PERMIT NO.		17. STATE N.M.	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other) Test Well				(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.) \*

1. Drill out C.I.B.P.
2. Run production tubing, pump and rods.
3. Set pumping unit and hang well on to pump.
4. Test well 24hrs. (18bls. water/2bls. oil) 6-25-94
5. Return well to production status

RECEIVED  
JUN 29 11 26 AM '94  
CARRILLO AREA

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

SIGNED: Allen Fuddick

TITLE: Production Forman

DATE: 6-28-94

(This space for Federal or State office use)

APPROVED BY: (ORIG. SGD.) JOE G. LARA

TITLE: Petroleum Engineer

DATE: 8/9/94

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side