|   |   | l Add motion  |                                   | 13                                  |  |
|---|---|---|-----------------------------------|-------------------------------------|--|
| (May 1963)  | UNI D STATES  | USUBATIS IN GOMALI                                  | Form approved.<br>Budget Bureau N | o. 42-R1424.                        |  |
| DEPARTMEN'I OF THE INTERIOR Verse side)<br>GEOLOGICAL SURVEY  |   |   |                                   | 5. LEASE DESIGNATION AND SERIAL NO. |  |
|   |   | LC-029392 B<br>6. IF INDIAN, ALLOTTEE OR TRIBE NAME |                                   |                                     |  |
|   | ICES AND REPORTS C  |   |                                   |                                     |  |
| (Do not use this form for propos<br>Use "APPLICA  | R   | RECEIVED  |                                   |                                     |  |
| 1.  | <u></u>   |   | 7. UNIT AGREEMENT NAME            |                                     |  |
| OIL GAS WE'LL OTHER   |   |   | JUL                               | 1 5 1922                            |  |
| 2. NAME OF OPERATOR<br>Westall - Mask /   |   |   | 8. FARM OR LEASE NAME             |                                     |  |
| WESCALL - MAS<br>3. ADDRESS OF OPERATOR   | »K J  | ······································              | Hinkle "B"                        | - <del>C. D.</del>                  |  |
| P.O. Drawer 1   | #17 ARTES   | #17 ARTESIA, OFFICE                                 |                                   |                                     |  |
| 4. LOCATION OF WELL (Report location c<br>See also space 17 below.)   |   |   | 10. FIELD AND POOL, OR WI         | LDCAT                               |  |
| At surface  | Shugart y-  |   |                                   |                                     |  |
| 990' From the<br>the West Line  | 11. SEC., T., R., M., OR BLK.<br>SURVEY OR ARMA                               | SURVEY OR AREA                                      |                                   |                                     |  |
| che west Line   | 9 OI SEC. 27-105-3  | W N   | 27-18S-31E                        | •                                   |  |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF   | , RT, GR, etc.)                                     | 12. COUNTY OR PARISH 13           |                                     |  |
|   | 365.  | 3 GR  | Eddy                              | N.M.                                |  |
| 18. Check Ar  | opropriate Box To Indicate N  | lature of Notice, Report. or                        | r Other Data                      |                                     |  |
| NOTICE OF INTEN   | • •   |   | EQUENT REPORT OF:                 |                                     |  |
| TEST WATER SHUT-OFF   | PULL OR ALTER CASING  | WATER SHUT-OFF                                      | REPAIRING WELL                    |                                     |  |
|   | MULTIPLE COMPLETE   | FRACTURE TREATMENT                                  | X ALTERING CASIN                  | G .                                 |  |
| SHOOT OR ACIDIZE  | ABANDON*  | SHOOTING OR ACIDIZING                               | ABANDONMENT*                      |                                     |  |
| REPAIR WELL   | CHANGE PLANS  | (Other)(NOTE : Report resu                          | ilts of multiple completion on V  | Well                                |  |
| (Other)<br>17. DESCRIBE PROPOSED OR COMPLETED OPE   | SEATIONS (Clearly state all pertinen<br>onally drilled, give subsurface locat | Completion or Reco                                  | mpletion Report and Log form.)    | starting any                        |  |
| We propose to<br>We propose to<br>Perferate 20<br>250 Gallons a   | acid<br>ns gelled water   | queen 3460' to                                      | 3479' SWELL NEW D                 |                                     |  |
| Original tota   | al depth 3984'  |   |                                   |                                     |  |
| Temporary plu   | ug run on tubing  |   |                                   |                                     |  |
| 18. I hereby certify that the forceoing to<br>SIGNED / A PP PO<br>(This space for Federal Vr State of<br>APPROVID HS. Sci.) P | Direction Title Es  | al Representativ<br>tate of Jack Mas                |                                   | 32                                  |  |
| FOR<br>JAMES A.<br>DISTRICT SU  | GILLHAAN <b>*See Instruction</b>  | s on Reverse Side                                   |                                   |                                     |  |