

N. M. D. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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"/>	
2. NAME OF OPERATOR WESTALL MASK ✓	
3. ADDRESS OF OPERATOR DRAWER 1477, ROSWELL NM 88201	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FROM SOUTH 1750' FROM WEST	
14. PERMIT NO. NOT AVAIL	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3668

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ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. LC 065680	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME KEOHANE FEDERAL	
9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT SHUGART	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-18S-31E	
12. COUNTY OR PARISH EDDY	13. STATE NEW MEX

18. 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) <input type="checkbox"/>			

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.)*

8/23/75 CEMENTED IN 650' CASING 8 5/8 250 SACKS CEMENT

8/28/75 CEMENTED IN 3692' CASING 4 1/2 400 SACKS CEMENT

9/2/75 PERF 3392-96-3400-04-08-12-16-20-24-28-32-36-40-44-48
3522 - 26-30 3646-50-54-58-62-66-70-74-78-82

FRACED 40,000 GAL GELLED WATER
55,000 # 20/40 SAND
20 GAL LT 22

STIMULATION TREATMENT REPORT INCLUDED

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U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Jack Mack

TITLE CO-OWNER

DATE 9/11/75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side