16.

(Other)

Capy to SF

UN ED STATES DEPARTMENT OF THE INTERIOR	SUBMIT IN TRII (Other instructions verse side)	ATE* on re-		Form approved Budget Bureau DESIGNATION A	1 No.
GEOLOGICAL SURVEY			t .	029392	В

SUNDRY NOTION (Do not use this form for proposal Use "APPLICAT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL A WELL OTHER 2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
WESTALL - MASK 3. ADDRESS OF OPERATOR Drawer 1477, Roswell	NM 88201	Hinkle B Federal 9. WELL NO. 8
4. LOCATION OF WELL (Report location cle See also space 17 below.) At surface 330 ' fr Line	11. SEC., I., A., M., OR BER. AND	
Hine	· · · · · · · · · · · · · · · · · · ·	26 - 18 s - 31 E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3646 gr	Eddy N Mex
16. Check App	propriate Box To Indicate Nature of Notice, Repo	t, or Other Data

NOTICE OF INTENTION TO: WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDON MENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR 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.)*

Drilled 4035' 4/8/76 3998-4014 12 holes 1000 gal 15% ds 30 4/12/76 3756-4018 40,000 gal water, 1500 gal 15% ds 30 30 holes 55,000 # 20/40 sand12 bbls acid

4/22/76 3280-3286 3 holes 11 holes 3370-3410 3452-3504 9 holes

3628-3652 10 holes 60,000 gal water, 60,000 # 20/40 sand 350 gal 15% ds 30

Ran Rods and tubing, began producing _25_ bbls per day

5/8 20# set at depth 650

9.5# set at depth 4035 1/2

set at depth 3980 EUE total depth drilled 4035

CONDITIONS OF APPROVAL, IF ANY

STIMULATION TREATMENT REPORTS INCLUDED

Mar. of Control of Supering Su

SUBSEQUENT REPORT OF:

•	The second secon				
18. I hereby certify that the foregoing is true and correct SIGNED Gack Mask	TITLE _	co-owner		DATE 5/34/26	
(This space for Federal or State office use)	TXTLE _	DISTRICT ENGINEER		MAY 2 5 1976	

*See Instructions on Reverse Side

RECEIVED

MAY 26 1976

O. C. C. ARTESIA. OFF