

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

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC-029392 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐  
MAY 15 1981

2. NAME OF OPERATOR  
Westall - Mask ✓

3. ADDRESS OF OPERATOR  
P.O. Drawer 1477 Roswell, New Mexico 88201  
AGASSIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
2,310' from North Line and 2,310' from West Line

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3,654' Gr.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hinkle "B" Federal

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Shugart Y-33-Q-3

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

26-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(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.)\*

We propose to frac queen 3350' to 3534'

We propose to set plug at 3600'

Perforate 22 holes

500 gallons acid

40,000 gallons gelled water

40,000 #20/40 sand

Original total depth 4,150'

temporary plug run on tubing

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

SIGNED

*James A. Gillham*

Personal Representative

TITLE for the Estate of Jack DATE 4-28-81

Mask

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

MAY 12 1981

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side