

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029392 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hinkle "B" Federal

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Shugart Y-S-2-3

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

26-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE
N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Westall - Mask

3. ADDRESS OF OPERATOR

P.O. Drawer 1477 Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

2310' From North Line and 2310' From West Line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3,654' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Set temporary plug at 3588'

Perforated 44 holes

3318 -20-22-24-26-50-52-58-84-88

3406 -8-10-12-14-16-18-20-22-24-26-28-30-32-34-36-38-40-46-48-86-88-90-92-94

3500 - 02-04-18-28-30-32

Fraced 40,000 gallons gel & KCL & scale preventative

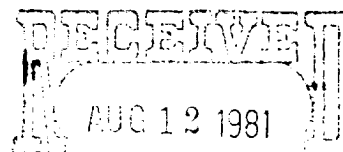
1,000 gallons acid - 25 balls

Average pressure 2,200#

Removed temporary plug and put on pump.

Total depth is 4127-29

4 1/2 casing to TD



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED

Personal Representative for

TITLE the Estate of Jack Mask DATE 8-10-81

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

AUG 13 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side