

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUMMIT IN TRIP
(Other instructions
verse side)Form approved
Budget Bureau, 100-22-11111
1. BUREAU DESIGNATION AND SERIAL NO.

NM-025777

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.)

RECEIVED

1. WELL TYPE: ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Westall - Mask

JUN 7 1979

3. ADDRESS OF OPERATOR

P.O. Drawer 1477, Roswell New Mexico 88201

O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
Specify on page 17 below.)

At surface

2,310' From East Line and 330' From South Line

14. PERMIT NO.

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

16. COUNTY OR PARISH

Eddy

18. STATE

New Mexico

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

PORTION OF INTENTION TO:

SUNDRIQUE REPORT OF:

1. TEST WATER SHUT-OFF

2. PULL OR ALTER CASING

3. WATER SHUT-OFF

4. REPAIRING WELL

5. ABANDON TUBING

6. MULTIPLE COMPLETE

7. FRACTURE TREATMENT

8. ALTERING CASING

9. STOPPAGE OF ACIDIZING

10. ABANDON*

11. SHOOTING OR ACIDIZING

12. ABANDON CEMENT

13. REPAIR WELL

14. CHANGE PLANS

(Other)

(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 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.)*

On April 27, 1979 the following work was performed on the subject well:

Treat casing perfs via tubing in Grayburg-San Andres formation
in intervals of:

1st Stage - 4133 - 4135 3 holes

2nd Stage - 4074 - 4077 3 holes

3rd Stage - 3784 - 3790 6 holes

3 zones treated with 500 gallons each of 15% DS-30

Above work performed did not help the well. Well is still the same.

Gamma Ray Neutron Logs and Treatment Report attached.

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

SIGNED

TITLE

(Agent) Co-Owner

DATE

6/1/79

(This space for Federal or State office use)

APPROVED BY: ALBERT R. STALK

TITLE

Jack Mask

DATE

JUN 6 1979

CONDITIONS OF APPROVAL OR ANY
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side