

LC-029392B

Hinkle "B" Federal

11

Shugart - 7-11-2
6
SURVEY OR AREA

Sec. 27-18S-31E

Eddy

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

900' FEL and 330' FSL

14. PERMIT NO.

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

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 plug at 3560'

Perforated 34 holes at 3708' to 3926'

Fraced 60,000 gallons gell g.w.

750 gallons acid 15% HCL

Treating pressure 3600

400⁰⁰ #'s 20/40 sand

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

SIGNED

TITLE

Trustee of the Jack
Mask Trust

DATE

7-26-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL AUG 3 1984

NEW MEXICO

*See Instructions on Reverse Side