

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TR. CATE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-1424

C/S 7

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 [X] GAS WELL [ ] OTHER [ ]
2. NAME OF OPERATOR Westall - Mask
3. ADDRESS OF OPERATOR P.O. Drawer 1477 Roswell, New Mexico
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649.9 gr

RECEIVED BY MAY 25 1984 O. C. D. ARTESIA OFFICE

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. 11
10. FIELD AND POOL, OR WILDCAT Shugart
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-18S-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, 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 [XX], SHOOTING OR ACIDIZING, (Other)
REPAIRING WELL, ALTERING CASING, ABANDONMENT\*

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 do the below described work on May 28, 1984
We propose to frac the Queen 3708' to 3926'
We propose to set retrievable plug at 3650!
Perferate 32 holes
3708-20(7) 3738-54(9) 3818-22(3) 3882-90(5) 3912-26(8)
60,000 gallons gelled water &KCL
60,000# 20/40 sand
750 gallons acid
gyp control (tretolite)
use 2 3/8 or 27/8 ball sealers (20)
original total depth 4200'

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Trustee of the Jack Mask Trust 5-26-84

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE P.E. DATE 5-22-84
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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MAY 23 1984  
O.C.D.  
HOBBS OFFICE