

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Westall - Mask ✓	8. FARM OR LEASE NAME Hinkle Federal "B"
3. ADDRESS OF OPERATOR P.O. Box 1477 Roswell, New Mexico 88201	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FEL and 1650' FSL	10. FIELD AND POOL, OR WILDCAT Shugart /-21-2-2
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26-T18S-R31-E
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3657.5	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

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Right of way for
secondary power line(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.) *

This is to ammend surface use plan submitted 12-20-80 to include
Right of Way for secondary power line

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

SIGNED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

CONDITIONS OF APPROVAL

MAR 1 1981

JAMES A. GILHAM
DISTRICT SUPERVISOR

Personal Representative

TITLE for the Estate of Jack Mask 1-31-81

TITLE

DATE

*See Instructions on Reverse Side

Section 26

Area 15

Area 31

Area 10



