

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. ☒ 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 **995' FSL 1650' FSL**

14. PERMIT NO. **1**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3657.5

5. LEASE DESIGNATION AND SERIAL NO.
LC#029392

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
HINKLE FEDERAL

9. WELL NO.
#13

10. FIELD AND POOL, OR WILDCAT
SHUGART Y-38-2-3

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 26: T18S-R31-F

12. COUNTY OR PARISH **EDDY**

13. STATE **NM**

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) **RUN CASING**

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.) *

ABOVE WELL SPUD ON 1-24-81

SPUD 11" HOLE

ON 1-25-81 THE FOLLOWING WORK WAS PERFORMED ON THE ABOVE WELL

RUN 8 5/8 CASING
RAN 16 JTS - 659 Ft 8/58 20# RD R3
SET AND CEMENTED 671 UP 200 SX HALIBUTRON LITE 5#
GILS PITE 4# ELOCELE 29 CCL - 100 SX CLASS C
2% CCL - 100 SX CLASS C
2% GEL
PLUG DOWN
CIRCL 75 SX CEMENT

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

SIGNED **RICHARD E. BARTON**
(This space for Federal or State office use)

PERSONAL REPRESENTATIVE
TITLE **FOR THE ESTATE OF JACK MASK**

DATE **2-10-81**

APPROVED BY **PERCE W. CHESLER**
CONDITIONS OF APPROVAL, IF ANY: **1981**

TITLE _____ DATE _____

*See Instructions on Reverse Side