

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
990' FSL AND 1650' FSL + 220' 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

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

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> RUN CASING		<input type="checkbox"/>

(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.)*

ON 1-31-81 THE FOLLOWING WORK WAS PERFORMED ON ABOVE WELL

RUN 4 1/2" CASING
RAN 100 JTS. 4189 4 1/2 9-5 8 RD CASING
SET AND CEMENTED 4170 500 SX 50-50-50-POS - 8# SALT
2% GEL 3/10 CFR2 PLUG DOWN SET SLIPS AND JET PITS

RIG RELEASED
RIG DOWN

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

SIGNED Richard E. Barton

TITLE

PERSONAL REPRESENTATIVE
FOR THE ESTATE OF
JACK MASK

DATE

1-10-81

(This space for signature of State official)

APPROVED BY

LEON W. CLINGER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: