

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ORIGINAL COPY
SUBMIT IN TRIPPLICATE
(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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC #029392 (B)	
2. NAME OF OPERATOR WESTALL - MASK		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1477 ROSWELL, NEW MEXICO 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FSL 1650' FSL * 330 FSL		8. FARM OR LEASE NAME HINKLE, FEDERAL	
14. PERMIT NO.		9. WELL NO. #14	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3640.6		10. FIELD AND POOL, OR WILDCAT SHUGART	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC:35 T-18S-R31-E	
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH EDDY	
SUBSEQUENT REPORT OF:		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	ABANDONMENT* <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"/>	(Other) RUN CASING
(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 1-15-81

ON 1-16-81 THE FOLLOWING WORK WAS PERFORMED ON ABOVE WELL:

RUN 8/58 CASING

RAN 16 JTS. 645 FT. 8 5/8 20# RD-R-3- CASING SET AT 657 CEMENTED
AT 200 SX HALIBURTON LITE - 5# GILINTE-1/4 FLO CELE-2% CALCIUM CLORIDE
100 ST CLASS C-2 % CC

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

SIGNED Peter W. Chester
RICHARD E. ARBON FOR RECORD
(This space for Federal or State office use)
PETER W. CHESTER

PERSONAL REPRESENTATIVE
FOR THE ESTATE OF
JACK MASK

DATE 2-10-81

APPROVED BY
CONDITIONS OF APPROVAL FEB 18 1981

TITLE DATE

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side