

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

C/SF

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.

#15

10. FIELD AND POOL, OR WILDCAT

Shugart

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26 T18S R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☐

2. NAME OF OPERATOR

Westall - Mask

3. ADDRESS OF OPERATOR

P.O. Box 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' FEL and 2310' FNL

14. PERMIT NO.

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

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Run Casing

X

(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 10-9-81

Spud 11" Hole

On 10-9 the Following work was performed on above well.

Run 8 5/8" casing

Ran 16 JTS 648' 8 5/8" 2# casing

Set and Cemented 660' w/400 Sx Class C 2% Calcium Chloride

Plug Down

Circulated 75 Sx Cement

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

SIGNED

ROGER A. CHAPMAN

(This space for Federal or State office use)

APPROVED BY

OCT 29 1981

CONDITIONS OF APPROVAL, IF ANY:

Personal Representative for

TITLE The Estate of Jack Mask DATE 10-22-81

TITLE

DATE

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side