

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC.  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 1-24-12-6

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

SEC. 26 T18S R31 E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
N<sup>o</sup> 1 OIL CONS. COMMISSION

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

2310 FNL + 990 FEL

NOV 18 1981

O.C.D.

ARTESIA, NM

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\*

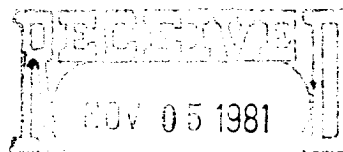
(Other)

BRADEN HEAD SQUEEZE

(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.)\*

WE PROPOSE A BRADEN HEAD SQUEEZE W/300 SACKS CEMENT FROM  
SURFACE TO 1500 FEET.



U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED

*Richard E. Barto*

PERSONAL REPRESENTATIVE FOR

TITLE THE ESTATE OF JACK MASK

DATE 11-11-81

(This space for Federal approval only)  
(Orig. Sec.) ROGER A. CHAPMAN

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 17 1981

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side