

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR Westall & Mask
3. ADDRESS OF OPERATOR P.O. Box 234
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: ~~S 1/4 NE 1/4~~ SE 1/4 NE 1/4
AT TOP PROD. INTERVAL: 2310/14 9931E
AT TOTAL DEPTH: 2310/14 9931E

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE 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 OR WILDCAT NAME Shugart
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 T18S R31E
12. COUNTY OR PARISH Eddy 13. STATE N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3668

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Propose to perforate the 7 Rivers and Yates zones from 2672 to 2714 (20 holes)

500 gal. 15% NE acid
40,000 gal. 2% KCL
40,000# 20/40 sand

Aug 7 10 55 AM '87
CARLESON RESOURCE
AREA HEADQUARTERS

RECEIVED

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Garry R. Westall TITLE co-owner DATE August 4, 1987

(This space for Federal or State office use)

APPROVED BY Leah C. Adams TITLE _____ DATE 8-10-87

CONDITIONS OF APPROVAL, IF ANY: