

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 Loco Hills, NM 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:

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5. LEASE

LG 029392 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hinkle "B" Fed.

9. WELL NO.

15

10. FIELD OR WILDCAT NAME

Shugart - Y-SR-Q-G

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.)*

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

NO INCREASE IN OIL OR WATER

ACCEPTED FOR RECORD

SJS
C. H. D., NEW MEXICO

OCT 8 11 19 AM '87
CARLSBAD FIELD SOURCE
AREA HEADQUARTERS

RECEIVED

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

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

SIGNED Garland R. Westall TITLE co-owner DATE October 4, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: