

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved  
Budget Bureau No. 42-R1424

3. LEASE DESIGNATION AND SERIAL NO.

LC-029392 B

4. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. Drawer 1477 Roswell, New Mexico 88203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also page 17 below.)  
At surface

790' FNL and 990' FEL

14. WELL NO.

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

3666.54 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hinkle "B" Federal

9. WELL NO.

#16

10. FIELD AND POOL, OR WILDCAT

Shugart-Y-30-2-6

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

26-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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) Braeden 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 perti-  
nent to this work.)

A braeden head squeeze was performed on April 24, 1982  
400 sacks Class C Cement were used

RECEIVED  
APR 26 1982

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

Personal Representative for the

SIGNED

ACCEPTED FOR RECORD

TITLE

Estate of Jack Mask

DATE

4-24-82

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

JAN 19 1983

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side