NN OIL CONS. COMMISSIO DEPARTMENT OF THE INTERIOR verse side) Stanta In Texas (Other instructions on red) Stanta In Texas (Other instructions on red) 3210

GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO

| | \mathbf{I} | C - 029 | 392 B | | | |
|----|--------------|----------------|----------|----|-------|------|
| 6. | IF | INDIAN, | ALLOTTEE | OR | TRIBE | NAME |

| SUNDRY I | 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.)

7. UNIT AGREEMENT NAME RECEIVED WELL X WELL OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME NOV 19 1982 Hinkle "B"_Federal Westall - Mask 9. WELL NO. 3. ADDRESS OF OPERATOR O. C. D. #18 LOCATION OF WELL (Report location clearly and in accordance with any State regardless, OFFICE See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Shugart 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

2310' FWL and 990' FNL

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629 GR

Sec. 34-T18S-R31E

12. COUNTY OR PARISH 13. STATE Eddy N.M.

16.

14. PERMIT NO.

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

| NOT | ICE OF INTE | NTION TO: | | SUBS | SEQUENT REPORT | or: | |
|---------------------|-------------|----------------------|---|--|-------------------------------------|--------------------------------------|----|
| | r | | (| | | | |
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | WATER SHUT-OFF | | REPAIRING WELL | |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | FRACTURE TREATMENT | ! | ALTERING CASING | |
| SHOOT OR ACIDIZE | | ABANDON* | | SHOOTING OR ACIDIZING | | ABANDON MENT* | |
| REPAIR WELL | | CHANGE PLANS | | (Other) Run Cas | sing | | |
| (Other) | | | | (Note: Report rest Completion or Reco | ults of multiple mpletion Report | completion on We t and Log form.) | 11 |

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.)*

On October 22, 1982 the following work was done

Ran 4 1/2" K559 SWT 109 JT 4582' set and cemented 4492' W/ 775 sx 50/50 POZ 6% CF9 + .3% TF4 3% KCL + 2% AFS / 100 sx class C 1 % CCL

NOV 1 2 1982

CIL O GAS MINERALS A.T. SERVICE ROSWELL, NEW MEXICO

18. I hereby Trustee for the TITLE Jack Mask Trust 11-8-82 SIGNE ACCEPTED FOR RECORD APPROVED BY ORIG. SGD.) DAVID R. GLA SS CITLE DATE CONDITIONS OF APPROVANOVALVE 1982

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXIC@see Instructions on Reverse Side