

NEW OIL CONS. COMMISSION  
UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029392B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

C

8. FARM OR LEASE NAME

Hinkle B Fed.

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

Shugart SR-Q-G

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

S34-T 18S R 31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Westall-Mask

3. ADDRESS OF OPERATOR

PO Box 234, Loco Hills, N.M. 88255

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

2310' from W. - 990' from N.

14. PERMIT NO.

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

GR 3629

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☒  
☐  
☐  
☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Frac Yates and Seven River 2594 to 2746 by perforating 34 holes through 4 1/2" -o.5# casing.

Set retrievable plug at 2800'. Us 1500 bbls. water with KCL and gel, 500 gal. acid - 40,000# 20/40 sand- 24 ball sealers.

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

SIGNED

*Garell R. Westall*

TITLE

*Co-owner*

DATE

*12-24-86*

(This space for Federal or State office use)

For: Sgd. Linda S. C. Rundell

APPROVED BY

*Acting Area Manager*

TITLE

DATE

*1-12-87*

CONDITIONS OF APPROVAL, IF ANY: