

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

REPORT IN THE
(Other Instructions on Form 9-331)
DRAWER DD
Artesia, NM 88210

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

LC-029392 B

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or to pump back or to pump out of a well or reservoir.
Use "APPLICATION FOR PERMIT" for such purposes.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Westall - Mask		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Drawer 1477 Roswell, New Mexico 88201		8. FARM OR LEASE NAME Hinkle "B" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FWL and 990' FNL		9. WELL NO. #19
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Shugart 4-28-67
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3618.9 GR		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 34-T18S-R31E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

18. 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.)*

Circulating and cementing was discussed with Peter Chester on September 6, 1983.

He gave his verbal approval that we did not need to circulate to top.

RECEIVED
SEP 13 10 44 AM '83
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

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

SIGNED Richard E. Barth TITLE Trustee for the Jack Mask Trust DATE 9-9-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

SEP 14 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO