

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
SEP 12 1984

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 28500

6. 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 well. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Ray Westall	8. FARM OR LEASE NAME Hill Federal
3. ADDRESS OF OPERATOR P.O. Box 4 Loco Hills, NM 88255	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL 660 FEL	10. FIELD AND POOL, OR WILDCAT Hackberry Yates - SF
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3502 GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-T19S, R31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.) *

8-6-84 Rig up pulling unit. Perf 2252-58 (7 shots)
2272-84 (13 shots) Acidized w/1,000 gal. 15%
SRA. Swab well back.

8-7-84 Frac'd 2252-2284 w/20,000 gal. 2% Gel, KCL water & 25,000#
20/40 sand. Inj. 12 BPM @ 3300#, ISDP 1700#, 15 min. @ 1300#.

8-8-84 Swab well back.

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

SIGNED Margaret Hill TITLE Secretary DATE 9-5-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SEP 7 1984 DATE SEP 7 1984

CONDITIONS OF APPROVAL IF ANY:

Carlsbad, NEW MEXICO See Instructions on Reverse Side