

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

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

NM 34657

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Hackberry Yates-SF

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

S-21, T-19S, R-31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Ray Westall

3. ADDRESS OF OPERATOR

P.O. Box 4 Loco Hills, NM 88255

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

1980 FNL & 660 FWL

14. PERMIT NO.

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

3476 GR

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)

(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.)*

6-27-84 Run CCL/CBL log. Pressure test 5½" casing to 800 PSI. Held 30 min. No drop.
Perforated 37 .36 Cal shots from 2195-2248.

6-28-84 Acid perf 2195-2248 w/4,000 gal. 15% HCL. Swab well back.

7-2-84 Frac perf 2195-2248 w/40,000 gal. 70 quality foam + 51,000# 20/40 sand, 28,000# 10/20 sand. Inj. 9 BPM @ 2100#. 15 min. 1900#.

7-3-84 Flow & swab well back.

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

SIGNED

Mary Hill

TITLE

Secretary

DATE

8-18-84

(This space for Federal or State or Private Use)

ACCEPTED FOR RECORD

APPROVED BY

[Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

AUG 22 1984

*See Instructions on Reverse Side

Calbed,

NEW MEXICO