NM OIL CONS. COMMISSION			Form Approved. Budget Bureau No. 42–R1424	C 5
Artesia, NE 88210 UNITED	STATES	5. LEASE		
DEPARTMENT OF	THE INTERIOR	NM	34657 RECEIVED BY	'
GEOLOGICA	L SURVEY	6. IF INDIAN, ALLO	DTTEE DR TRIBE NAME SEP 14 1984	
SUNDRY NOTICES AND		7. UNIT AGREEME	O, C. D.	
(Do not use this form for proposals to drill reservoir. Use Form 9–331–C for such propo	or to deepen or plug back to a different sals.)	8. FARM OR LEAS		
1. oil gas well well other			co Federal	
2. NAME OF OPERATOR		9. WELL NO.	1	
Ray Westall <i>v</i>		10. FIELD OR WILD		
3. ADDRESS OF OPERATOR P.O. Box 4 Lo	oco Hills, NM 88255		oerry Yates-SR , OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT L		AREA	, ON BER. AND SURVEY ON	
below.) AT SURFACE: 19	980 FNL & 660 FWL	<u>S-21, T-19</u> 12. COUNTY OR PA		
AT TOP PROD. INTERVAL: Sa	ame	Eddy	NRISH 13. STATE NM	
	ame	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		15. FLEVATIONS (SHOW DF, KDB, AND WD)	
	AUDACAUCHT DEPART AC		76 GR	
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF	SUBSEQUENT REPORT OF:			
FRACTURE TREAT				
			s of multiple completion or zone	
PULL OR ALTER CASING		change on Fe	orm 9–330.)	
CHANGE ZONES				
ABANDON*				
 17. DESCRIBE PROPOSED OR COM including estimated date of star measured and true vertical depth 9-5-84 Perforated: 	PLETED OPERATIONS (Clearly stat ting any proposed work. If well is d is for all markers and zones pertiner 2268-82 (15 holes) Ran 5 ¹ / ₂ packer. Spo packer @ 2258.	lirectionally drilled, giv nt to this work.)*	ve subsurface locations and	
	Acidized w/1,000 ga back with 2-3% oil		Swabbed load	,
9-6-84 Fracture:	-6-84 Fracture: Frac'd w/700# rock salt & 300# Benzoic flakes in 50 bbls. brine water. 800# increase when block hit. Frac'd 38 BPM @ 1900#. Shut in @ 1200#, 15 min. @ 600#.			
9-7-84	Flowed well back &	circulated s	and.	
Subsurface Safety Valve: Manu. and T	ype		Set @ Ft.	
18. I hereby certify that the foregoing	is true and correct			
SIGNED Ray Westall	TITLE Operator	DATE9-	-10-84	
• • •	(This space for Federal or State of	fice use)		
APPROVED BY	TITLE	DATE		
CONDITIONS OF APPRSEP 17 ANY 198	4			
Carleback, NEW MI	EXICO *See Instructions on Reverse	Side		

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