

Dec 1977

Artesia, NM 88201 UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ 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. See space 17 below.)

AT SURFACE: 1980 FNL & 1980 FEL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Spud, 8 5/8", T.D., 5 1/2" csg.

5. LEASE

NM 34657

6. IF INDIAN, ALLOTTEE OR TRIBAL RECEIVED BY

7. UNIT AGREEMENT NAME SEP 21 1984

8. FARM OR LEASE NAME O. C. D.

Amoco Federal ARTESIA, OFFICE

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Hackberry - V - SR

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3493. GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

9-13-84 Spudded 12 1/4" hole @ 2:25 P.M.

Ran 515' of 8 5/8" casing. Cemented w/275 sx Class "C" 2% CaCl. Circulated 30 sx ot pit. WOC 18 hrs. Pressure test casing to 500#. Held 30 min. No drop.

9-16-84 T.D. 2400'. Circulated hole 2 hrs. Spot mud on bottom. Ran 2400' 5 1/2", 17# casing. Cemented w/200 sx Pacesetter Lite plus 300 sx Class "C" 2%. WOC 24 hrs.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

Ray Westall

TITLE Operator

DATE 9-17-84

(This space for Federal or State office use)

APPROVED BY

SEP 18 1984

TITLE

DATE

CONDITIONS OF APPROVAL

Chapman

NEW MEXICO

*See Instructions on Reverse Side