

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Artesia, NM 88210

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 ☐  
well well

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:

AT TOTAL DEPTH:

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)

5. LEASE

NM 34657

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco Federal

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

13. STATE

Eddy

NM

14. API NO.

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

3193' DP

(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.)\*

9-24-84 Perforated: 2215-16-17-18-21-22-23-40-41-42-53-54-55-59-60-66-67  
75-76-77-85-86  
2311-12-13-16-17-25-26-27

Acid treatment: Acidized w/2,000 gal. SRA acid.

9-25-84 Fracture Treatment: Frac'd w/60,000 gal. 3% KCL, 20" gel,  
100,00# 20/40 sand.

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 10-12-84

(This space for Federal or State office use)

APPROVED BY GWD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL OCT 15 1984

Carlsbad, NEW MEXICO \*See Instructions on Reverse Side