

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamogordo, NM 88210

SUBMIT IN TRIPLIC
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

c/ST

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Ray Westall
3. ADDRESS OF OPERATOR
P.O. Box 4, Loco Hills, New Mexico 88255
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

RECEIVED BY
JUL 28 1986
O. C. D.
ARTESIA OFFICE

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.
48
10. FIELD AND POOL, OR WILDCAT
N. Hackberry Yates 7 RVS
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
21-19S-31E
12. COUNTY OR PARISH
Eddy Co.
13. STATE
NM

14. PERMIT NO.
990' FNL & 1980' FEL
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3489' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☒

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐
(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.)*

1. Transfer well from active status to in-active status.
2. This well is capable of production in paying quantities but the failure to suspend production will lead to premature abandonment.

APPROVED FOR 12 MONTH PERIOD
ENDING 7/22/87

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

SIGNED Diana Curse

TITLE Agent

DATE 7-15-86

(This space for Federal or State office use)

APPROVED BY David Adams

TITLE Acting

DATE 7-23-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side