

CLSF

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
Ray Westall
Box 4 Loco Hills, NM 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990 FNL & 660 FWL
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Spud, 8 5/8", 5 1/2" cas, TD

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.)*

12-31-85 Spud 12 1/4" hole @ 3:30 P.M.

1-02-85 Ran 10 jts, 363' of 8 5/8" csg. Set @ 357' with 200 sxs Pacesetter Lite, 2% CaCl plus 300 sxs Class "C", 2% CaCl. Plug down @ 2:15 A.M. Circulated 35 sxs to pit. WOC 18 hrs.

1-04-85 T.D. 2425'
Ran 2415' of 5 1/2", 15.5# casing. Cemented with 300 sxs Pacesetter Lite plus 300 sxs Class "C" 2% CaCl. Plug down @ 1:10 P.M. Circulated 175 sxs to pit.

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 1-14-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY, _____

JAN 23 1985

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

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.

6

10. FIELD OR WILDCAT NAME

Uncl, Hackberry - Y-SR

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

S21, T19S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3473. GR

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

RECEIVED BY
JAN 24 1985
O. C. D.
ARTESIA, OFFICE