

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
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: Unit Letter A 990 FNL 330 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:

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

SUBSEQUENT REPORT OF:

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APR 22 1985

5. LEASE

NM-28328

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

APR 29 1985

7. UNIT AGREEMENT NAME

O. C. D.

8. FARM OR LEASE NAME ARTESIA, OFFICE
Parsley Fed.

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wild Hackberry - Y-SR

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

Sec. 20, T19S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3460. GL

(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.)*

4-15-85 Perforated: 2164-2285 27 holes
Treatment: Acidized with 2,000 gal. 15% MSR acid.

4-16-85 Fracture: Frac'd w/60,000 gal. 3% KCL, 30# gel, 60,000# 20/40 & 60,000# 10/20. 40 BPM @ 2700#

4-17-85 Flowed back cutting 2-3% oil.

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 4-18-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

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*See Instructions on Reverse Side

CARISBAD, NEW MEXICO