

RECEIVED BY

MAY 2 1985

O. G. D.

ARTESIA, NEW MEXICO

NEW OIL CONSTRUCTION

raver DD

Artesia, NM 88210

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.

Budget Bureau No. 42-R1424

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

Box 4 Loco Hills, NM 88255

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

AT SURFACE: 2310 FEL 2310 FSL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: same

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

SUBSEQUENT REPORT OF:

MAY 01 1985

5137.6 N.M.

Carlsbad New Mexico

5. LEASE

LC-063622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Texas Crude

9. WELL NO.

10. FIELD OR WILDCAT NAME

Und Hackberry - Y-SR

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

Sec. 21, T19S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3503. GR

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.)*

4-9-85 Spud 12 1/4" hole @ 6:30 A.M.

Ran 8 jts., 341' 8 5/8" 24# csg. Set & cemented @ 349' w/230 sxs Class "C" 2% CaCl. Plug down @ 7:00 P.M. Circulated 40 sxs to pit. WOC 18 hrs. Test BOP to 1,000# for 30 min. O.K.

4-12-85 T.D 2425'

Ran 75 jts., 2433' of 5 1/2" 15.5# csg. Set & cemented @ 2425' w/300 sxs Howco-Lite m/w 8# salt, 4# Flocele followed by 100 sxs Class "C" m/w 2% CaCl. Plug down @ 5:00 P.M. Circulate 27 sxs to pit. 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 4-30-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

TITLE _____

DATE _____

APR 29 1985

MAY 1

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO