

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

Box 4 Loco Hills, NM 88255

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

AT SURFACE: 990 FSL & 1650 FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: same

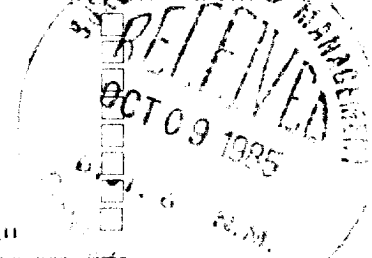
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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", TD, 5 1/2"

SUBSEQUENT REPORT OF:



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.

2

10. FIELD OR WILDCAT NAME

N. Hackberry - V-S-P

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

21-T19S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3511 GR

(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.)*

9-29-85 Spud 12 1/4" hole @ 9:15 A.M.

Ran 7 jts. 8 5/8" 24# casing. Set and cemented @ 295' w/200 sxs Class "C" 2% CaCl. Circulated 70 sxs to pit. Plug down @ 5:15 P.M. WOC 18 hrs. Test BOP 1000 PSI per 1/2 hr. O.K.

10-2-85 T.D. @ 2425'.

Ran 69 jts. 2420' of 5 1/2" 17# casing. Set & cemented @ 2425' w/300 sxs Halliburton Lite w/6# salt + 100 sxs "C" Neat, 25 sxs to pit. Plug down @ 5:30 A.M. 10-3-85 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

10-8-85

(This space for Federal or State office use)

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

OCT 11 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO