

c/SF

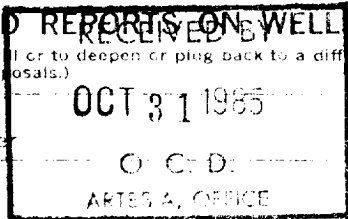
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Carlsbad, NM 88210

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: 990 FSL & 1650 FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA



5. LEASE
C63622
LC-~~63622~~
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 - Y-SF
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
21-T19S-R31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3511 GP

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(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.)*

10-12-85 Perforated: 2180-2256 w/30 .40 cal shots

Fracture Treatment: Treat casing perms via casing w/40,000 gal.
30# slick H₂O + 40,000# 20/40 sand, 24,000# 10/20 sand & flush
with slick H₂O.

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 10-28-85

(This space for Federal or State office use)

APPROVED FOR RECORD _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

OCT 30 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO