Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

c/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210

5. LEASE 063622
LC-

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 - SA

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 GR

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.)

RECEIVED BY
OCT 31 1985
O. C. D.
ARTESIA, OFFICE

1. oil well [X] 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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]		[ ]
FRACTURE TREAT	[ ]		[X]
SHOOT OR ACIDIZE	[ ]		[X]
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 Treatement: Treat casing perfs 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 BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 30 1985
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side