

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC 063622

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TEXAS CRUDE #2

9. API Well No.

30-015-25381

10. Field and Pool, or Exploratory Area

HACKBERRY YATES 7RVS

11. County or Parish, State

NORTH

EDDY

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

RAY WESTALL

3. Address and Telephone No.

P.O. BOX 4 LOCO HILLS, NM 88255 (505) 677-2370

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FSL & 1650' FWL

21-19S-31E JU

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

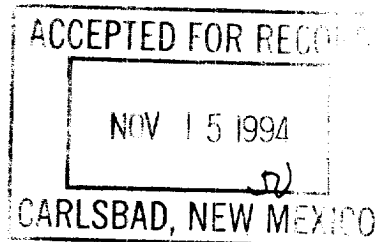
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

RETURNED WELL TO PRODUCTION 11/8/94



NOV 9 10 57 AM '94
RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed Guamel Harden

Title PRODUCTION ANALYST

Date 11/8/94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date