

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DATE

Form approved.
Budget Bureau No. 42-R1425.

RECEIVED BY

11 1985

30-015-25441

LEASE DESIGNATION AND SERIAL NO.

-NM-025777

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Keohane Federal

WELL NO

#2

FIELD AND POOL, OR WILDCAT

Shugart-Y-SF-2-5

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

24-18S-31E

COUNTY OR PARISH STATE

Eddy

New Mexico

1. TYPE OF WORK

DRILL ☒

DEEPEN ☐

ARTESIA OFFICE

PLUG BACK ☐

2. TYPE OF WELL

OIL WELL ☐

GAS WELL ☐

OTHER

SINGLE ZONE ☐

MULTIPLE ZONE ☐

3. NAME OF OPERATOR

Westall - Mask

4. ADDRESS OF OPERATOR

P.O. Drawer 1477 Roswell, New Mexico 88201

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

2310' FSL and 2200' FEL

At proposed prod. zone

6. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

20 miles south East of Loco Hills

7. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

2200'

8. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,

OR APPLIED FOR, ON THIS LEASE, FT.

700'

9. NO. OF ACRES IN LEASE

160

10. PROPOSED DEPTH

4500

11. NO. OF ACRES ASSIGNED TO THIS WELL

40

12. ROTARY OR CABLE TOOLS

Rotary

13. APPROX. DATE WORK WILL START*

11-1-85

14. ELEVATIONS (Show whether DF, RT, GR, etc.)

3712 gr

15. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8	24#	650'	Approx. 250 sacks to dir.
7 7/8	4 1/2	10.5#	Approx. 4500	Approx. 400 sacks

Blowout preventer will be double manual (Schaeffer) B.O.P.
with 3000# test

Mud program- We will use fresh water to 650', then use
gel to total depth.

No anticipated abnormal pressure or temperatures

Anticipated starting date, November 1, 1985

Tops: Yates 2600' Queen 3600' Grayburg 4500'

16. ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED

Trustee of the Jack Mask DATE 9-25-85

Trust

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

*See Instructions On Reverse Side