Form 9-331
Dec. 1973

Form approved.
Budget Bureau No. 42-R1424.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO.: NM 025777

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 "APPLICATION FOR PERMIT—" for such proposals.)

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O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME:

OIL WELL [X] GAS WELL [ ] OTHER

8. FARM OR LEASE NAME: Keohane 24 Federal

NAME OF OPERATOR: Westall - Mask

9. WELL NO.: #2

ADDRESS OF OPERATOR: P.O. Drawer 1477 Roswell, New Mexico 88201

10. FIELD AND POOL, OR WILDCAT: Shugart - Y-SR-Q-G

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2310' FSL and 2200' FEL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 24-18S-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3712 gr

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE	[ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL	[ ]	CHANGE PLANS [ ]	(Other) [ ]	
(Other) Spud date		[X]	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)*

On October 18, 1985 Spud hole at 4:15 pm

This information was called in on the date that it was spud by Mr. Garel Westall

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

SIGNED Robert E Mask TITLE Trustee of the Jack Mask Trust DATE

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 3 1985
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side