

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other instructions on re-
view 5410)

Form approved
Budget Bureau No. 42-R1421

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to log back to a different reservoir.
Use "APPLICATION FOR PERMIT" for each proposal.)

WELL ☒ GAS ☐
WELL ☒ WATER ☐ OTHER ☐

NAME OF OPERATOR

Westall - Mask ☒

ADDRESS OF OPERATOR

P.O. Drawer 1477 Roswell, New Mexico 88201
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See page 17 below.)
At surface

2310' FSL and 2200' FEL

DEC -3 1985

O. C. D.

ARTESIA OFFICE

NM 025777

1. LEASE DESIGNATION AND SERIAL NO.

2. UNIT OR LUMP NAME

3. PART OR LEASE NAME

Keohone 24 Federal

4. NAME AND ADDRESS OF LESSEE

Shugart-Y-SR-G-6
11. NAME, ADDRESS, PHONE NO.
SURVEY OR AREA

24-18S-31E

12. COUNTY OR PARISH; 13. STATE

Eddy N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRAC TURE TREAT

SHOOT OR ACIDIZE

OTHER WELL

Other:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ACIDIZING

(Other) run casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

14. STATE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting or 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.)

run casing and cement

On October 19, 1985 the following work was done:

Ran 16 JTS 673' 8 5/8, 24# J55 land and cement at 687'
w/ 410 sx CL "C" 2% CC *ent circ - per telecon w/ Richard Burton*
11/21/85. GWD

This information was called in on the day that it was done
by Mr. Garell Westall

ACCEPTED FOR RECORD

DEC 2 1985

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

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: