

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN A PLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. NAME OF OPERATOR Ray Westall	3. ADDRESS OF OPERATOR Box 4, Loco Hills NM 88255	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 660 FEL	5. LEASE DESIGNATION AND SERIAL NO. NM 63362	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Lusk 20 Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT N. Hackberry	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T19S-R31E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3462 Gr.											

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other) <u>Operator change</u>	

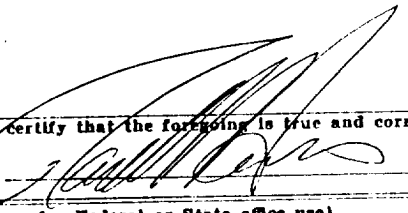
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Effective 12/1/90 Operator change from Santa Fe Energy Company
500 W. Illinois, Suite 500
Midland, Tx 79701

RECEIVED
DEC 20 11:25 AM '90
CABLE COMMUNICATIONS
AREA

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

SIGNED 	TITLE <u>Geologist</u>	DATE <u>12/15/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side