

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029392 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hinkle "B" Federal

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Shugart Y-5R-2 (7)

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

Sec. 27, T18S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL  
WELL ☒ GAS  
WELL ☐ OTHER

MAR 31 '88

MAR 10 '88

2. NAME OF OPERATOR

Westall-Mask ✓

O. C. D.

O. C. D.

3. ADDRESS OF OPERATOR

P.O. Drawer 1477 Roswell, New Mexico 88201

ARTESIA, OFFICE

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4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

2310' FSL and 2310' FEL

14. PERMIT NO.

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

3631GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) ☐

(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 11-4-87 the following work was done:

Perforated 3566-68-72-74-76-78-3680-82-84-86-3732-24-28-40-42-44-46-48 (18 holes)

18. 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: