Form 3160-5 (November 1983) (Formerly 9-331)  UN ED STATES SUBMIT IN TRIP ATE* (Other instruction of re- BUREAU OF LAND MANAGEMENT			Expires August  5. LEASE DESIGNATION  L/C-029392-	Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.  LC-029392-b  6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOT	ICES AND REPORTS Of the state o	N WELLS ack to a different reservoir.			
OIL GAS OTHER			7. UNIT AGREEMENT NA	(. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MAY 14 1991			8. FARM OR LEASE NAM	8. FARM OR LEASE NAME	
Westall & Mask					
3. ADDRESS OF OPERATOR	22122	O, C. V.	9. WELL NO.	•	
P.O. Box 234, Loco Hills NM 88255ARTS CHEEK.  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			2 10. FIELD AND POOL, O		
See also space 17 bélow.) At surface  2310 FNI, & 990 FWI,			11. SEC., T., R., M., OR I	Shugart 7R-Qn-Gb  11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA	
			34 T18S-R31	<del>_</del>	
14. PERMIT NO.	15. BLEVATIONS (Show whether DF,	RT, uR, etc.)	12. COUNTY OR PARISH		
30-015-26579	3619 Gr.		Eddy	NM	
16. Check Ap	propriate Box To Indicate No	ature of Notice, Report, o	r Other <b>Dat</b> a		
NOTICE OF INTENTION TO:			EQUENT REPORT OF:	JENT EMPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	X ALTERING C.	11	
	ABANDON*	SHOOTING OR ACIDIZING (Other)	ABANDONME	MT*	
(Other)		(Norn: Report resu	ts of multiple completion on Well pletion Report and Log form.)		
17. DESCRIBE PROPOSED OR COMPLETED OPE	RATIONS (Clearly state all pertinent hally drilled, give subsurface location	details, and give pertinent dat	tes, including estimated dat	te of starting any	
3/6/91 Acid perfs (3/7/91 Set CIBP @ Acid w/ 1006) 3/8/91 Frac Perfs (4/16/91 Squeeze Perf 2694-2) 4/17/91 Acid 7-Rive Frac perfs (4/17/91)	CNL/GR Perf4084- w 1000 gal 15% SRA 4070 Dump 35' Ceme 0 gal 15% SRA W/35,000 Gal Mini @ 1800# ISDP 1400 fs 3841-81 W/150 s 757 with 15 .40 ca rs 2694-2757 with w/20,000 gal 70% R @ 4600# ISDP 2500	Ament on top, Per Max IB 30# & 67 0 15 min1300# sxs Class "C" neal shots 750 Gal 15% SRA Foam & 35,000# 2	f 3841-81 W/1 7,000# 20/40 s eat Cement ret	đ	
18. I hereby certify that the topegoing is SIGNED  (This space for Federal or State office APPROVED BY CONDITIONS OF APPROVAL, IF AR	ritle Age	ent	ACCEPTED FOR R	ECORD	
	*See Instructions	on Reverse Side	MAY 13 199 535		