

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30 015 23436
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-232

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name  STATE "IR"
2. Name of Operator RAY WESTALL	8. Well No. 1
3. Address of Operator P.O. BOX 4 LOCO HILLS, NM 88255	9. Pool name or Wildcat WILDCAT
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>925</u> Feet From The <u>WEST</u> Lit Section <u>23</u> Township <u>21S</u> Range <u>27E</u> NMPM <u>EDDY</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

04/25/93 SET CIBP @ 9510'  
04/25/93 PERFORATE 20 .40 CAL 6637-6776  
04/26/93 ACID W/1500 GAL 7 1/2% SRA  
05/03/93 FRAC PERFS W/50,000 GAL GEL KCL WTR & 142,000 # 16/30  
05/04/93 FLOW WELL BACK  
05/08/93 SI W.O. PIPELINE CON

UPON 6 MOS TESTING OF BONE SPRINGS COMPLETION OR FIRST MECHANICAL FAILURE, A 50' CMT PLUG WILL BE PUT ON TOP OF C.I.B.P.

Part FD-2  
1-7-94  
for H. m. m.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Juanel Harden TITLE PRODUCTION CLERK DATE 11/29/93  
TYPE OR PRINT NAME JUANEL HARDEN (505) 677-2370 TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SUPERVISOR, DISTRICT II

DEC 18 1993