

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

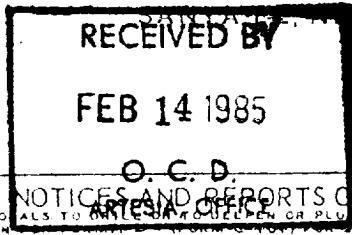
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>



5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FORM C-104 FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Ray Westall

3. Address of Operator
P.O. Box 4 Loco Hills, New Mexico 88255

4. Location of Well
UNIT LETTER I 1980 FEET FROM THE South LINE AND 660 FEET FROM

THE East LINE, SECTION 24 TOWNSHIP 22S RANGE 26E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Baseball Park

9. Well No.

1

10. Field and Pool, or Wildcat

S. Carlsbad Delaware

15. Elevation (Show whether DF, RT, GR, etc.)
3169. GR

12. County

Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐ OTHER Perforations & Treatment ☐

16. 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.

1-18-85 Perfs: 4052-54-56-61-66-68, 4660-62-64-66-88-90
Treatment: Acidized with 1,000 gal. 15% MSR acid.
1-20-85 Frac'd with Western methanol foam, 18,000# 20/40 sand.

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

SIGNED Ray Westall TITLE Operator DATE 2-13-85

APPROVED BY _____ TITLE ORIGINAL SIGNED BY LARRY BROOKS DATE FEB 18 1984
GEOLOGIST - NMOCD

CONDITIONS OF APPROVAL, IF ANY: