

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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

45F

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
RAY WESTALL  
3. ADDRESS OF OPERATOR  
PO 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  
1400 FNL AND 990 FWL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3333.8 G1

5. LEASE DESIGNATION AND SERIAL NO.  
NM-27801  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
TUESDAY A FEDERAL  
9. WELL NO.  
1  
10. FIELD AND POOL, OR WILDCAT  
SOUTH PARKWAY WOLFCAMP  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC 3 T20S-R29E  
12. COUNTY OR PARISH  
EDDY  
13. STATE  
NM

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"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(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.)

02-12-90 RIG UP REVERSE UNIT  
MILL & FISH JUNK @ 5927  
02-21-90 PERF BONE SPRINGS ZONE @ 6139-49 w/21 .45 CAL SHOTS  
02-22-90 ACID 6139-49 w/10,000 GAL 20% NEFE AIR 5.4 BPM @ 1300#  
ISDP 900# 10MIN 880#  
02-27-90 HANG WELL ON PUMP  
03-22-90 NO INCREASE IN PRODUCTION  
03-23-90 REMOVE PACKER PLUG @ 9252  
SET TUBBING IN PACKER  
03-24-90 SHUT IN TUBBING PRESSURE 1350#  
WELL FLOWING 1,000 MCFG 360 BBL OIL  
FROM EXISTING WOLFCAMP PERFS 9310-9378

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

SIGNED Kindle J. Jaeger TITLE PRODUCTION CLERK DATE 03-28-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side