

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 67980

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

AUG 20 1992

3. ADDRESS OF OPERATOR

Box 4 Loco Hills NM 88255

O. C. D.

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

1730 FNL & 910 FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Santa Fe Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

E. Herradura Bend Del

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

35 T22S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.
30-015-27030

15. ELEVATIONS (Show whether DF, RT, UR, etc.)
3100 G1

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

7/28/92 Log W/ Atlas CBL Perforated 18 shots 6162-6233
7/29 Acid perms with 1500 gal 15% HCl Frac with 20,000 gal
gel 2% KCl wtr & 46,000# 20/40 sd.
7/30/92 Perforate 5967-6009 with 20 shots, Acid w/ 1500 gal 15% HCl
7/31/92 Frac with 20,000 gal 2% gel KCl wtr. 46,000# 16/30 sd.
8/1/92 Swab back load.

RECEIVED
AUG 11 11 23 AM '92
CARCER
AREA

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side