

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to SP
Form approved.
Budget Bureau No. 42-11424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED JUL 29 1976 U.S.G. ARTESIA, OFFICE
2. NAME OF OPERATOR Westall - Mask		
3. ADDRESS OF OPERATOR Drawer 1477, Roswell NM 88201		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' from north line and 330' from west		
14. PERMIT NO.	15. ELEVATIONS (Show whether DG, RT, GR, etc.) 3651 gr	

5. LEASE DESIGNATION AND SERIAL NO. LC 029392 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Hinkle (B) Federal
9. WELL NO. 9
10. FIELD AND POOL, OR WILDCAT Shugart
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26 T 18 S, R 31 E
12. COUNTY OR PARISH Eddy
13. STATE New Mex

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) refer to application for permit to drill	
(Other) <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.)

Please refer to our application for permit to drill (9-3310) which was approved by your office March 17, 1976,

We hereby request an extension of three months.

RECEIVED

JUL 27 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Jack Mask TITLE co-owner DATE 7/23/76

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

JUL 2 1976

ACTING DISTRICT ENGINEER

THIS APPROVAL IS REVOKED IF OPERATIONS ARE NOT COMMENCED WITHIN 3 MONTHS.
EXPIRES OCT 27 1976
*See Instructions on Reverse Side

DATE 7/23/76