

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 029392 B

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.)

RECEIVED MAR 31 '88

RECEIVED MAR 10 '88

ARTESIA OFFICE

C. D. ARTESIA OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR Westall- Mask ✓

3. ADDRESS OF OPERATOR P.O. Drawer 1477 Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2310' FSL & 2310' FEL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Hinkle "B" Federal

9. WELL NO. 20

10. FIELD AND POOL, OR WILDCAT Shugart Y-52-0-9

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T18S, R31E

12. COUNTY OR PARISH Eddy

13. STATE N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3631 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.)*

On 10-18-87 Spud 1 1/4" hole
12 1/4" SJS

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

SIGNED _____

TITLE

Trustee of the Jack
Mask Trust

DATE _____

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS