

UNIT STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPPLIC (Other instructions c
Use "APPLICATION FOR PERMIT" for such proposals.)
88210

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

dsr

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"/>	7. UNIT AGREEMENT NAME Amoco Federal
2. NAME OF OPERATOR Ray Westall	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 4, Loco Hills, New Mexico 88255	9. WELL NO. 3E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT N-Hackberry Yates 7 RVS
15. ELEVATIONS (Show whether D, RT, GR, or ARTESIA, OFFICE) 3493' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-19S-31E
16. PERMIT NO.	12. COUNTY OR PARISH Eddy Co.
	13. STATE NM

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<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 checked="" type="checkbox"/>		

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.)*

1. Transfer well from active status to in-active status.
2. This well is capable of production in paying quantities but the failure to suspend production will lead to premature abandonment.

APPROVED FOR 12 MONTH PERIOD
ENDING 7/22/87

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

SIGNED Giana Curry TITLE Agent DATE 7-15-86
(This space for Federal or State office use)
APPROVED BY Agent Adams TITLE ACTING DATE 7-23-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side