

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42 R1424

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 TO DRILL" form.)

NAME OF OPERATOR
Westall - Mask

ADDRESS OF OPERATOR

P.O. Drawer 1477 Roswell, New Mexico 88201
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2310' FSL and 2200' FEL

RECEIVED BY

DEC -3 1985

O. C. D.

ARTESIA OFFICE

LEASE DESIGNATION AND SERIAL NO.

NM 025777

INDIAN ALLOTTEE OR TRIBE NAME

INDICATE SEGMENT NAME

STATE OR LEASE NAME

Section 24 Federal

#2
TO, FROM AND FROM OR WITH AT

Shugart-Y-SR-6-6
11. SEC. T. E. M. OR BLK. AND
SURVEY OR AREA

1. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, or, etc.)

3712 gr

24-18S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TURE TREAT

MULTIPLE COMPLETE

FRAC TURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Run casing

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

16. 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 workings and completion
pertinent to this work.)

On October 27, 1985 the following work was done:

Run 112 jts 4496' 4 1/2 10.5 set and cement at 4500' w/ 300
pacesetter lite 1/4# celoseal and 550 sx 50-30 POZ 1/4
celoseal

This information was called in on the day that it
was done by Mr. Garrel Westall

ACCEPTED FOR RECORD

GWD
DEC 3 1985

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

Richard E. Brute

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: