

DISTRICT
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30 025 21947

5. Indicate Type of Lease STATE ☒ FEE

6. State Oil & Gas Lease No.
E7990

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator
Ray Westall Operating

3. Address of Operator
P. O. Box 4 Loco Hills, NM 88255 (505) 677-2370

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West

Section 8 Township 18S Range 34E NMPM Lea Co

10. Elevation (Show whether DF , RKB , RT , GR , etc.)
4071 RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON HOLE

CASING TEST AND CEMENT JOB ☐

OTHER: Convert to SWD

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/13/94 Ran plastic coated 2 7/8" tubing set in baker packer @ 4250'
pressure test 500# tested 30 minutes

12/14/94 pressure test 500# tested 30 minutes
OCD out to test @ 9:00 am
rigged up test truck & ran chart for 30 minutes
Injected thru original perfs, Queen formation 4304-4538

Copy of chart enclosed

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michael J. Miller TITLE Production Analyst DATE 01/26/98

TYPE OR PRINT NAME Juanel Harper (505) 677-2370 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

IRSN

SWD-573

AUG 1 1994

dp

