

DISTRICT I
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.
30-025-24549

5. Indicate Type of Lease
STATE ☒ FEE

6. State Oil & Gas Lease No.
K-4735

<p>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.)</p>		<p>7. Lease Name or Unit Agreement Name JOANNIE SHELL STATE</p>	
<p>1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		<p>8. Well No. 1</p>	
<p>2. Name of Operator RAY WESTALL OPERATING</p>		<p>9. Pool name or Wildcat E-K YATES SEVEN RIVERS ON</p>	
<p>3. Address of Operator P.O. BOX 4, LOCO HILLS, N.M. 88255 (505) 677-3270</p>			
<p>4. Well Location Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST Section 16 Township 18 S Range 34 E NMPM LEA Col</p>			
<p>10. Elevation (Show whether DF, RKB, RT, GR, etc.)</p>			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CHANGE OF PERFS. <input type="checkbox"/>	

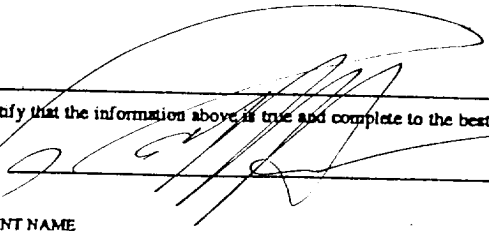
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1/30/97 ADDED PERFS. @ 4542-4552 21 SHOTS

1/30/97 ACIDIZED 2000 GAL. 15% HCL

2/3/97 HANG WELL ON BACK ON PUMP

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

SIGNATURE  TITLE GEOLOGIST DATE 2/7/97

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: