

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 63026
2. NAME OF OPERATOR RAY WESTALL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.M. OIL CONS. COMMISSION P.O. BOX 1980 HOBBS, NEW MEXICO 88240
3. ADDRESS OF OPERATOR P.O. BOX 4 LOCO HILLS, NM 88255		8. FARM OR LEASE NAME FEDERAL 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 660 FWL		9. WELL NO. 2
14. PERMIT NO. 30-025-26184		10. FIELD AND POOL, OR WILDCAT TONTON DELAWARE
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7 19S 33E
		12. COUNTY OR PARISH LEA
		13. STATE NM

16. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

1/5/94
SET CIBP @ 8750' DUMPED 35' CEMENT ON TOP
PERF 7426-7521 WITH 20 .45 CAL BULLETS
ACID W/2000 GAL 7 1/2% HCL
FRAC WITH 480 BBLs 2% KCL GEL & 60,000# 16/30 SD
HANG WELL BACK ON PRODUCTION



J. Lara
MAR 14 1994

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

SIGNED *Juanel Hadden* TITLE PRODUCTION CLERK DATE 02/28/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

2A
W. Tonto BS CT
9/22/99
dp