

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(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	
3. ADDRESS OF OPERATOR P. O. BOX 4 LOCO HILLS, NM 88255		7. UNIT AGREEMENT NAME	
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 SECTION 7 T19S R33E E		8. FARM OR LEASE NAME FEDERAL "7" / com	
		9. WELL NO. 2	
		10. FIELD AND POOL, OR WILDCAT WEST TONTO BONE SPRINGS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 7 19S 33E	
14. PERMIT NO. API# 30-025-26184	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3659 GR	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"/>	PCLL 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 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"/>	(Other) <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.)*

5/28/93 RIG UP COMPLETION UNIT CLEANED WELL TO BOTTOM
6/3 PERF 2 SQUEEZE HOLES @ 8100' & 5300'
6/4 CMT SQUEEZE EXISTING BONE SPRING PERFS @ 8840-8912' W/200 SX CLASS "H" NEAT
6/5 CMT SQUEEZE CSNG FROM 8100-5300 W/ 800 SX CLASS "H" 2%CACL2
6/7 CLEAN WELL OUT TO 8850
6/8 PERF BONE SPRINGS 8772-8820 W/20 SHOTS
6/9 ACID PERFS W/1500 GAL 10%HCL
6/10 FRAC PERFS W/20,000 GAL GEL WTR 57,000#16/30 SD
6/11 SWAB BACK LOAD
6/14 WELL OCMLETE 20 B.O.P.D. 10 WTR 50-MCFG
WAIT ON GAS LINE HOOK UP

David A. Glass
JUN 18 1993

RECEIVED
JUN 16 11 01 AM '93
CART
AREA

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

SIGNED Jeanne L. Harden TITLE PRODUCTION CLERK DATE 06/15/93

(This space for Federal or State office use)

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

*See Instructions on Reverse Side