30-025-26331

UN. .D STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL.
(Other instructions .. re-
verse 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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 56251

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL [X]  GAS WELL [ ]  OTHER

2. NAME OF OPERATOR

Ray Westall

3. ADDRESS OF OPERATOR

P.O. Box 4   Loco Hills, NM  88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980 FN & EL   Unit G

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 12

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

W Tonto Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12 19S-32E

14. PERMIT NO.

30-025-26331

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

3656 Gl.

12. COUNTY OR PARISH | 13. STATE

Lea | NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF [ ]
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL [ ]
(Other)

PULL OR ALTER CASING [ ]
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS [ ]

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Change of Operator

REPAIRING WELL [ ]
ALTERING CASING
ABANDONMENT* [ ]

(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 perti-
nent to this work.) *

Change of Operator from Collins & Ware to Ray Westall

BUREAU OF LAND MANAGEMENT
RECEIVED
NOV 23 1992
...New Mexico

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

SIGNED _Juanel Harden_   TITLE ___Production Analyst___   DATE ___11/16/92___

(This space for Federal or State office use)

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

*See Instructions on Reverse Side