

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|--|---|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM 56251 |
| 2. Name of Operator RAY WESTALL | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P.O. BOX 4 LOCO HILLS, NM 88255 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 1980' FEL UNIT B SEC 12, T19S, R32E | 8. Well Name and No. FEDERAL "12" #4 |
| | 9. API Well No. 30-025-33066 |
| | 10. Field and Pool, or Exploratory Area |
| | 11. County or Parish, State LEA COUNTY, NM |

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other SPUD & CEMENT |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

10/21/95 SPUD 17 1/2" HOLE @ 2:30 PM
10/22/95 RAN 455' 13 3/8 CSG CMT W/475 SX "C"+2% CACL PLUG DOWN 5:15 AM
CIRC 90 SX TO PIT WOC 18 HRS
10/26/95 TD 3000' RAN 3000' 8 5/8", 32 & 24# CSG CMT W/1200 SX "C"+1% CACL2
PD @ 8:00 PM CIRC 34 SX TO PIT WOC 4 HRS
11/04/95 TD @ 7750' @ 6:15 PM LOGGING W/ATLAS WIRELINE CNL/CDL/DLL
11/05/95 RAN 7749' 5 1/2 J-55 17# CSG W/DV TOOL @ 6501'
CMT 1ST STAGE W/320 SX "H" CIRC 40 SX TO PIT PD @ 5:45 AM
CMT 2ND STAGE W/1070 SX "H" PD @ 12:15 PM
REL RIG @ 4:15 PM

(ORIG. SGD.) DAVID R. GLASS

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

Signed Joan HarperTitle PRODUCTION ANALYSTDate 12/20/95

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____