

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons
P.O. Box 1980
Hobbs, NM 88241

FORM 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. NM96235
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 (505) 677-2370	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310 FSL & 330 FWL Sec 34 18S 32E Unit Le: "L"	8. Well Name and No. Fist Full of Dollars
	9. API Well No. #1 30-025-33644
	10. Field and Pool, or Exploratory Area Delaware
	11. County or Parish, State Lea, NM

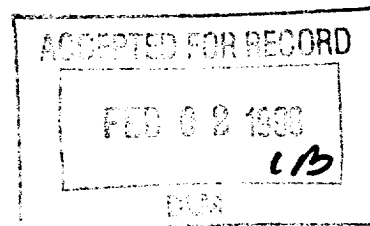
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 <u>Re-entry</u>
	<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.)*

10/28/97 MIRU reverse equipment cut off 8 5/8" & 5 1/2" markers
welded on 8 5/8 hd
11/10/97 clean to 7225'
11/17/97 run 7225' 5 1/2" J-55 csg cmt w/1500 sx Class 'H' + 2% CaCl
WOC
11/21/97 perf 19 holes 6952'-7042'
11/22/97 acidize perfs w/2000 gal 7 1/2% HCL
11/25/97 frac perfs w/20,000 gal 50 quality foam + 52,290# 16/30 sd
12/20/97 recover load, testing. pumped 95 bbl oil & 85 bbl water
SD waiting on surface facilities



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

Signed Sharon Harper Title Production Analyst Date 01/21/98
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: