

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 35612

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

POLEWSKI FED. #3

9. API Well No.

30-125-36032

10. Field and Pool, or Exploratory Area

LUSK

11. County or Parish, State

LEA COUNTY, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

RAY WESTALL

3. Address and Telephone No.

P.O. BOX 4, LOCO HILLS, NM 88255 (505)677-2370

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FWL

SEC 31 T19S R32E

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

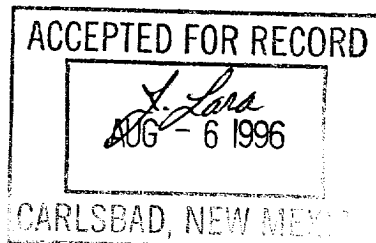
#1 CHANGE SIZE OF BIT TO 7 7/8 FROM 8 5/8

#2 BOP ON SURFACE CASING TESTED TO 3,000# PRIOR TO DRILL OUT

#3 ALL CASING WILL BE NEW

#4 8 5/8 CASING WILL BE 2400' 28# & 1600' 32#

#5 BRINE WILL BE USED IN INTERMEDIATE HOLE.



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

Signed Susan R. Parker

Title PRODUCTION CLERK

Date 7/23/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: