

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

U.S. OIL CONS. COMMISSION  
P.O. BOX 1980  
SARASOTA NEW MEXICO 88240

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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other         | 5. Lease Designation and Serial No.<br><u>NM-65976</u>                 |
| 2. Name of Operator<br><u>RAY WESTALL</u>  | 6. If Indian, Allottee or Tribe Name                                   |
| 3. Address and Telephone No.<br><u>P.O. Box 4, Loco Hills, NM 88255 (505) 677-2370</u>   | 7. If Unit or CA, Agreement Designation                                |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><u>460' FNL &amp; 1650' FWL SECTION 19</u><br><u>T19S-R33E</u> | 8. Well Name and No.<br><u>PALADIN FED #1</u>                          |
|  | 9. API Well No.<br><u>30-025-32870</u>                                 |
|  | 10. Field and Pool, or Exploratory Area<br><u>CRAZY HORSE DELAWARE</u> |
|  | 11. County or Parish, State<br><u>LEA, NEW MEXICO</u>                  |

|  |   |   |
|--|---|---|
| 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 type="checkbox"/> Change of Plans  |
| <input checked="" type="checkbox"/> Subsequent Report                            | <input type="checkbox"/> Recompletion                 | <input type="checkbox"/> New Construction   |
| <input type="checkbox"/> Final Abandonment Notice                                | <input type="checkbox"/> Plugging Back                | <input type="checkbox"/> Non-Routine Fracturing   |
|  | <input type="checkbox"/> Casing Repair                | <input type="checkbox"/> Water Shut-Off   |
|  | <input type="checkbox"/> Altering Casing              | <input type="checkbox"/> Conversion to Injection  |
|  | <input type="checkbox"/> Other <u>SPUD &amp; CSNG</u> | <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.)\*

11/6/95 SPUD WELL @ 3:00 PM  
11/7/95 TD 490' RUN #90' 13 3/8" CMT W/ 475 SXS "C"  
CIR 60 SXS TO PIT PLUG DOWN 4:00 AM  
11/10/95 TD 2900' RUN 2900' 8 5/8" CSNG CMT W/ 1000 SXS @  
PSL "C" TAILED W/ 200 SXS "C" 2% CaCl<sub>2</sub>  
PLUG DOWN @ 11:15 PM CIR 400 SXS TO PIT

AR

|   |                        |                      |
|---|------------------------|----------------------|
| 14. I hereby certify that the foregoing is true and correct |                        |                      |
| Signed <u>[Signature]</u>                                   | Title <u>GEOLOGIST</u> | Date <u>11/15/95</u> |
| (This space for Federal or State office use)                |                        |                      |
| Approved by _____   | Title _____            | Date _____           |
| Conditions of approval, if any:                             |                        |                      |