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Submit 3 Copies To Appropriate District State of New Me	exico Form C-103
Office Energy, Minerals and Natu	ral Resources Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-28468
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION	5. Indicate Type of Lease
District III 2040 South Pacl 1000 Rio Brazos Rd., Aztec, NM 87410 South Pacl	neco STATE X FEE
District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	VA-928  7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PIDIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101): PROPOSALS.)  1. Type of Well:	LUG BACK TO A
Oil Well 🖾 Gas Well 🔲 Other	State NO
2. Name of Operator Ray Westall Operating	8. Well No. 001
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 4, Loco Hills, NM 88255	Wildcat Bone Springs
4. Well Location	
Unit Letter E: 1980' feet from the North line and 660' feet from the West line	
	ange 36E NMPM County Lea
10. Elevation (Show whether D	R, RKB, RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK  PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Perforate & Acidize
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
8/11/94 - 8/26/94 Perforated and Acidized	
5775'-5786'	
6409'-6418'	
6430'-6439'	
6981'-7000'	
7217'-7248'	
No Return - Shut Well In.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Kune Mathems TITLE	Production Secretary DATE 4/4/01
Type or print name Rene' Mathews	Telephone No.
(This space for State use)	
APPPROVED BYTITLE_	DATE
Conditions of approval, if any:	