



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

BRUCE KING  
GOVERNOR

May 29, 1991

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

Ray Westall  
Box 4  
Loco Hills, NM 88255

Attn: Randall Harris

Re: Back Basin Unit #1  
Unit I, Sec. 20, T23S, R34E

Gentlemen:

In order to complete our records for the above-referenced well, please submit an acreage dedication plat, Form C-102, for the WEST ANTELOPE RIDGE ATOKA GAS POOL outlining the acreage dedicated to this well.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton  
Supervisor, District I

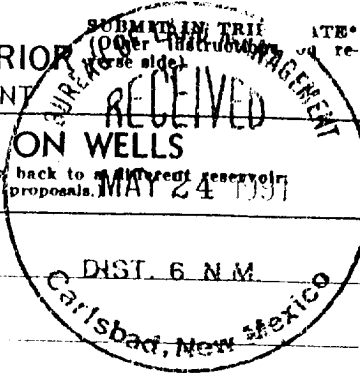
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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)



1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 18306
2. NAME OF OPERATOR Ray Westall	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 4, Loco Hills NM 88255	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL & 660 FEL	8. FARM OR LEASE NAME Back Basin Unit
	9. WELL NO.
	10. FIELD AND POOL, OR WILDCAT West Antelope Ridge, Bell Lake, Atoka
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-T23S-R34E
14. PERMIT NO. 30-025-27051	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3518.5 Gr.
	12. COUNTY OR PARISH Lea
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

17. 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.)\*

4/18/91 Blew well down Loaded back side. Pumped 500 gal 15% HCl into existing perforations 12620-12841 (Atoka) Well kicked off flowing

4/19/91 S.I.

4/24/91 Ran 4 pt. Back pressure test CAOF 971 MCFPD  
Prep to place well back on production

ACCEPTED FOR RECORD

*Adm*

JUN 10 1991

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

SIGNED *[Signature]* TITLE Geologist DATE 5/20/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED

JUN 12 1991

GOO  
HOBBS