

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-68821

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 30

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA

30-T23S-R34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Ray Westall

3. ADDRESS OF OPERATOR

Box 4, Loco Hills NM 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2080 FNL & 1980 FEL

14. PERMIT NO.

30-025-30890

15. ELEVATIONS (Show whether DT, RT, OR, etc.)

3606 GL.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Run Casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and 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.)*

4/2/91 Rig up Reverse Unit
4/4/91 Cleaned well out to 8507
4/5/91 Ran 8500' 4½ 11.6# casing. Cement w 425 sxs "H" Plug down 11:41 PM
4/9/91 Perf 8353-80 with 11 .40 cal shots
4/10/91 Acid perfs w/ 1500 gal 15% HCl AIR 3½ BPM @ 3200#
4/12/91 Frac perfs W/8000 gal X-link + 23,000# 20/40 sd
AIR 2200# @ 5 BPM ISDP 1000# 15 MIN 800#
4/13/91 Swab load back

ACCEPTED FOR RECORD

MAY 14 1991

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Geologist

DATE 5/5/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side