

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Westbrook Oil Corporation

3. Address and Telephone No.

PO Box 2264 - Hobbs, NM 88241-2264 505-393-9714

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

Unit F, 2310' FNL & 2310' FWL
Sec 23, T24S, R36E

5. Lease Designation and Serial No.

NMLC-034076

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Zattu Cushing No. 2

9. API Well No.

30-025-25122

10. Field and Pool, or Exploratory Area

Jalmat T-Y 7-Rvrs

11. County or Parish, State

Lea County, NM

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

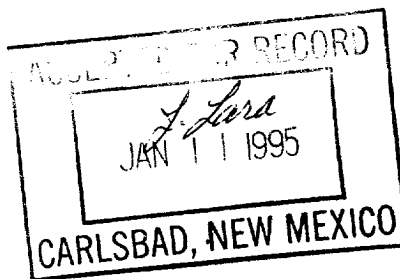
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Acidized
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

12-16-94 Dumped 500 gals 15% HCL Acid, Flushed w/50bbles KCL water.

12-17-94 Started pumping fluid back.



RECEIVED
JAN 24 1995
HOBBS, NM.

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

Signed J. Lara Title Vice-President Date 12/20/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: