

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                      |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>LC 032579(e)</b>                 |
| 2. NAME OF OPERATOR<br><b>Westates Petroleum Company</b>                                                                                                                                              |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
| 3. ADDRESS OF OPERATOR<br><b>Box 55, Jal, New Mexico</b>                                                                                                                                              |  | 7. UNIT AGREEMENT NAME                                                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br><b>330' fr. South line, 970' fr. East line Sec. 25</b> |  | 8. FARM OR LEASE NAME<br><b>Carlson B 25</b>                               |
| 14. PERMIT NO.                                                                                                                                                                                        |  | 9. WELL NO.<br><b>6</b>                                                    |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>3051 Ground</b>                                                                                                                                  |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Justis Fusselman</b>                  |
|                                                                                                                                                                                                       |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 25-25S-37E</b> |
|                                                                                                                                                                                                       |  | 12. COUNTY OR PARISH<br><b>Lea</b>                                         |
|                                                                                                                                                                                                       |  | 13. STATE<br><b>New Mexico</b>                                             |

16. 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 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 checked="" 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.)\*

2-15-72 - Rig up pulling unit. Pull rods. Put on blowout preventer. Pull tubing. Perforate 6882'-6883'-6884'-6885'-6894'-6895'-6897'-6898' and 6899' with 1/2" holes, one hole per interval. Run tubing with packer set at 6875'. Swabbing 10 bbls. of fluid per hr. - 100% water. Set Baker castiron plug 6880'. Run 8' of Hydramite on top of plug. Run tubing and rods. Put well back on pump as was before.

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

SIGNED W. J. St. Louis TITLE Production Superintendent DATE March 2, 1972

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAR 3 1972

\*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY  
DOBBS, NEW MEXICO

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment: data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conducted for final inspection looking to approval of the abandonment.

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|                                                                                                                                                                                                       |  | 13. STATE<br><b>New Mexico</b>                                             |

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NOTICE OF INTENTION TO:

|                     |                                     |                      |                          |
|---------------------|-------------------------------------|----------------------|--------------------------|
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| FRACTURE TREAT      | <input type="checkbox"/>            | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input checked="" type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/>            | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/>            |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/> |                 |                          |

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

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2-11-72 - We propose to pull rods and tubing and perforate new 1/2" holes at 6830'-6890', 2 holes per int. Set fullbore packer at 6875'. Acidize with 2000 gal. 15% acid. Swab well. Run tubing and rods. Put well back on pump. 7" casing set at 6911'. T.D. 6950'.

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

SIGNED W. J. Stull TITLE Production Superintendent DATE 2-10-72

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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