

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCC COPY

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

Copy to SF
Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I 71-029424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Etz "E"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Squarelake (SA) Grayburg

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

Sec. 25, T 16S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

N. Mex.

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 GAS WELL OTHER

RECEIVED

2. NAME OF OPERATOR

Stallworth Oil & Gas, Inc.

SEP 2 1977

3. ADDRESS OF OPERATOR

P. O. Box 479, Dallas, Texas 75221

D. C. C.

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

ARTESIA, OFFICE

1980' FSL & 660' FEL, Section 25, T 16 S, R30E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

029424

3797' GR

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

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| 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.)

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.)*

8-1/4" casing set at 480', cemented w/50 sx. 7" casing set at 2849', cemented w/100 sx. Top of Pay 3024'. Open hole 2849' to PBSD - 3164'.

7" casing found to be collapsed at 2770'. Plans are to swage out 7" casing to near original ID, fish lower portion of tubing string (approx. 350'), clean out to original PBSD, run open hole logs, run 4-1/2" casing as liner from surface to 7" casing point of 2849', cement sufficient to circulate, return to production. Work is now under way.

2.2" casing set at 480' 10/12/77

RECEIVED

AUG 30 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED J. A. S. Conway

TITLE Production Clerk

DATE 8/26/77

(This space for Federal or State office use)

APPROVED BY Joe D. Lara

TITLE ACTING DISTRICT ENGINEER

DATE SEP 1 - 1977

CONDITIONS OF APPROVAL, IF ANY: