

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved by Budget Bureau No. 42-11424
J. LEASE DESIGNATION AND SERIAL NO.

LC 070315
C. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Walter W. Krug DBA Wallen Production Company

8. FARM OR LEASE NAME
Wallen Bass

3. ADDRESS OF OPERATOR
Box 1960 Midland, Texas 79702

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2310' FWL and 660' FSL

10. FIELD AND BOOY, OR WILDCAT
Seven Rivers
Middle Lynch Yates

14. PERMIT NO.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 21, T 20 S, R 34 E

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 3672

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Running 4 1/2" liner
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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.)

On 3/3/1980 we ran 609.83 feet of 4 1/2" liner on Baker Whirler Duplex Float Shoe. After landing the liner on bottom we circulated the hole, put 10 sxs gel ahead of 60 sxs of class "c" neat cement and circulated excess to pit and ran a temperature survey.

RECEIVED
APR 22 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Walter W. Krug TITLE Engineer DATE 4/16/1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
APR 20 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO ORIGINAL
(Other instructions on reverse side)

Form Approved
Budget Item No. 42-81424
LEASE DESIGNATION AND SERIAL NO.

LC 070315

IF INDIAN ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR
Walter W. Krug DBA Wallen Production Company

3. ADDRESS OF OPERATOR
Box 1960 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2310' FWL & 660 FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3672 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Wallen Bass

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Middle Lynch, Yates-Seven River

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
21, T 20 S, R 34 E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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 checked="" 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 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.)

On 9/26/79 we set 259' of 61# & 72#, 13 3/8 casing and cemented it with 350 sxs pf class "c" cement w/1/2# flocele/sx. 19 sxs circulated to the pit.

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SIGNED [Signature] TITLE Engineer DATE 4/16/1980

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