

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

HERMAN V. WALLIS

3. ADDRESS OF OPERATOR

Post Office Box 1858, Kerrville, Texas 78029-1858

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

1980' FSL & 1980' FWL (NESW)

14. PERMIT NO.

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

3600.3' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM 16099

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL "14"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sams Ranch Grayburg

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

Sec. 14, T14S, R28E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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) GSI

FILL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)

Gas Well Shut In. Well is under contract for gas purchase. Gas Gathering Company discontinued taking gas because of economics.

RECEIVED

APR 12 1996

OIL CON. DIV.

DIST. 2

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

SIGNED

Herman V. Wallis

TITLE

OPERATOR

DATE October 5, 1995

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR - MONTH PERIOD

ENDING SEP 01 1996

\*See Instructions on Reverse Side

APPROVED  
PETER W. CHESTER

APR 10 1996

BUREAU OF LAND  
MANAGEMENT  
ROCKY MOUNTAIN DISTRICT  
CARE