

Received by  
(Map) Artesia, NM

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

10-000000 LC-029424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Etz

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

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

25, 16-S, 30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. ARTESIA, OFFICE

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection

2. NAME OF OPERATOR

Stallworth Oil & Gas, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 479, Dallas, TX 75221

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

660' from the south line and 1980' from the east line of Section 25, T-16-S, R-30-E.

14. PERMIT NO.

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

3822' GR

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

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 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.)\*

This well was pressure tested for casing integrity July 19, 1985. A minor leak was discovered (100 psig bleed off in 9 minutes) which was determined to be serious enough to warrant repair by the Energy & Minerals Department of the State of New Mexico. Repair work will commence August 19, 1985 and will consist of the following:

1. Pull injection tubing & packer
2. Locate and repair leak by cement squeeze.
3. Drill out and test repair.
4. Return well to injection.



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

SIGNED

TITLE Division Manager

DATE 8/13/85

(This space for Federal or State office use)

APPROVED BY

TITLE

AREA MANAGER  
CARLSBAD REGIONAL OFFICE

DATE

10-17-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side