

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on  
verse side)

COPY TO O. C. C.

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. <b>NM 0202771 - A</b>
2. NAME OF OPERATOR <b>Stallworth Oil &amp; Gas</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>407 W. Missouri Avenue, Midland, Texas 79701</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>660' F/WL 1980' F/NL</b>		8. FARM OR LEASE NAME <b>Vada Pruitt</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4230 GR.</b>		10. FIELD AND POOL, OR WILDCAT <b>Vada (Penn)</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 1, T-9-S, R-34-E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>N. 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 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"/>	
(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.)\*

- 12-23-71 12-3/4" 34.70# .025" wall thickness casing set @ 395'. Cemented w/ 400 sacks Class "H" cement w/2% CACL. Had good returns while cementing and cement circulated. Tested casing to 500 psi for 30 minutes. Held OK.
- 12-29-71 Ran 40 jts 8-5/8" OD 8 Rd 32# and 54 jts 24# J-55 LT&C Casing set @ 3990'. Cemented w/400 sacks class "H" cement w/2% CACL. Had good returns while cementing. Ran temperature survey. Top of cement 2325'. Tested casing to 1000 psi for 30 minutes. Held OK.

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

SIGNED

*W. Wallace T. Conner*TITLE **Production Foreman**DATE **1-5-72**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side