Form 9–331		N. M. OIL COHS. I	James.	Form Approved. Budget Bureau No. 42–R1424
Dec. 1973	UNITED STATES	P. O. BOX 1980		
D	UNITED STATES EPARTMENT OF THE INTE	RIOR NEW MI	NM01175	29
U			6 IF INDIAN	ALLOTTEE OR TRIBE NAME
	GEOLOGICAL SURVEY			
	NOTICES AND REPORT		7. UNIT AGRI	EEMENT NAME
reservoir. Use Form 9	9-331-C for such proposals.)		8. FARM OR I	EASE NAME
1. oil 💬	gas 🗂	1. N. 1	Federal	21
	well bother		9. WELL NO.	
2. NAME OF OF	PERATOR		1	
Stringer	Oil & Gas, Inc.		10. FIELD OR	WILDCAT NAME
3. ADDRESS OF				o San Andres
P. O. Box	3037, San Angelo, TX	76902		., M., OR BLK. AND SURVEY OR
	F WELL (REPORT LOCATION CL			c. 21, T-7S, R 33E
	iles West Northwest o	f Milnesands,NM		
AT SURFACE	: $4406.7^{+}$ $\frac{7721}{7621}$	ITSTUR ,		DR PARISH 13. STATE
AT TOTAL DE		018×n	Rooseve	<u>1t New Mexico</u>
	<u>4450' Q Q</u>		14. API NO.	
	ROPRIATE BOX TO INDICATE I OTHER DATA	VATURE OF NOTICE,		
KEPORT, OK	OTHER DATA		GR 4406	NS (SHOW DF, KDB, AND WD)
REQUEST FOR A	PPROVAL TO: SUBSEOU	ENT REPORT OF:	<u> </u>	• /
TEST WATER SH FRACTURE TREA SHOOT OR ACID REPAIR WELL PULL OR ALTER MULTIPLE COMP CHANGE ZONES ABANDON* (other) Plug				results of multiple completion or zone on Form 9–330.)
including est	ROPOSED OR COMPLETED OPE timated date of starting any prop nd true vertical depths for all mar	oosed work. If well is c	irectionally drille	etails, and give pertinent dates, d, give subsurface locations and
101.11 1 - 1 - +	10001 Due 6 ant 0 5/	011 @ 10201 0-+		m+
	> 1820' Run & set 8-5/			
	ted to surface. $7-7/8$		.0 10 4430	CILL W/ JUU SSX
	4223' to $4298' = 19$ ho		10001 6 1	$d = \frac{1}{2} $
			4223 & 10a	u note w/3.3#
	plug well, pull rods		4223' & loa	d hole w/9.5#

mud Ladden fluid. 35'Pull tbg RIH w/ CIBP& set @ 4150' Dump **26'** cmt on top load hole w/9.5# mud Ladden fluid. Cut  $4\frac{l_2}{2}$  csg @ 3500' Pull & lay down csg Run tbg to 3550' pump 85 ssx plug pull tbg to 1920' Pump 50 ssx plug Pull tbg & pump  $10 - \frac{1}{50}$  Plug 50'at surface.

Would like to start plugging well June 15, 1985

\* tag plug

\_\_ Set @ \_

ΤE

2 mg

. Ft.

Subsurface Safety Valve: Manu. and Type \_

18. I hereby certify that the foregoing is true and correct 1/eares \_ TITLE Manager of Operations \_\_\_\_\_ May 23, 1985 SIGNED (This space for Federal or State office use) APPROVED

TITLE

APPROVED E	Υ				
CONDITIONS	OF	APPROVAL,	IF	ANY:	

\*See Instructions on Reverse Side

MAY 30 1985

BUREAU OF LAND MANAGEMENT **ROSWELL RESOURCE AREA** 

PETER W. CHESTER

