

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Stringer Oil & Gas
3. ADDRESS OF OPERATOR
P. O. Box 3037 San Angelo, Texas 76902
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 14 miles West Northwest Milensands NM
AT SURFACE: 1980' FSL + 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- | | | |
|-------------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Convert to SWD</u> | | <u>T.A.</u> |

5. LEASE
NM0117529
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal 21-B
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Chaveroo San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T 7S-R 33E
12. COUNTY OR PARISH
Roosevelt
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 4406.70

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

I would like to leave well temporary abandoned at this time. Will apply for permit to use well for a salt water disposal. Possibly for secondary recovery by injecting into present zone at a rate not to exceed 300 barrels water per day. Work would begin around 9/1/86.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jenni Wilson TITLE Drig. & Prod. Mgr. DATE 4/14/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:APPROVED FOR 12 MONTH PERIOD
ENDING 4/22/87

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

APR 22 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA