

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. O. C. C. COPY
SUBMIT IN TRIPLIC
(Other instructions o
verse side)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. NM 0314228	
2. NAME OF OPERATOR J. Frank Stringer		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -NA-	
3. ADDRESS OF OPERATOR P. O. Box 3037, San Angelo, Texas 76901		7. UNIT AGREEMENT NAME -NA-	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FS & W1 of Sec. 17, T 12 S, R 31 E,		8. FARM OR LEASE NAME Terra-Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4084 G.L. 4094 D.F.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-12-31	
		12. COUNTY OR PARISH Chaves	
		13. STATE N. Mex.	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.) *

This well was drilled to a T.D. of 4065' (wireline measurement). The section below 2545' was found to have limited and very low porosities not believed worthy of any completion attempt. The hole has not lost any fluid during the drilling operations. The Queen zone appears to have porosity and possible hydrocarbons. It is proposed that the original program be altered to the following:

4½" OD, 9.5 16/ft, K-55 new casing set at 2607' and cemented with 350 sacks, incore with 50% poz mix, 10% salt and .75% CFR₂. Casing will be centralized 2500-2600'. Formation Tops:

Top Rustler Anhy.	1005	Queen	2508
Salt (Salado)	1080	Grayburg	2645
Tansil	1650	San Andres	3130
Yates	1790	Pi Marker	3605
Seven Rivers	2005	Queen Pay Zone	
		(Caprock)	2534-2550

RECEIVED
AUG 12 1970
U.S. GEOLOGICAL SURVEY

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

SIGNED [Signature]TITLE GeologistDATE Aug. 11, 1970

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:TITLE GeologistDATE Aug 13 1970

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM 0314228

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-NA-

7. UNIT AGREEMENT NAME

-NA-

8. FARM OR LEASE NAME

Terra-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

17-12-31

14. PERMIT NO.

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

4084 G.L. 4094 D.F.

12. COUNTY OR PARISH

Chaves

13. STATE

N. Mex.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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
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SIGNED

TITLE

Geologist

DATE Aug. 11, 1970

(This space for Federal or State/office use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

AUG 13 1970

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

100-100000

100-100000

100-100000

100-100000

AUG 25 1970

100-100000
SERIALS OFFICE