

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 Walter W. Krug D.B.A Wallen Production Co.
3. ADDRESS OF OPERATOR Box 1960, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FEL & 1650' FSL
AT TOP PROD. INTERVAL: same as surface
AT TOTAL DEPTH: same as surface
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

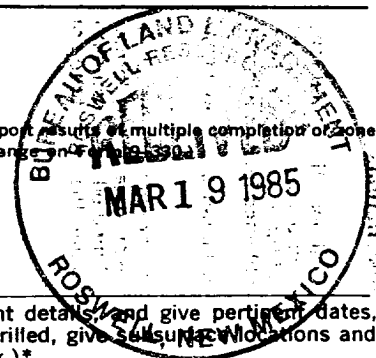
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
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5. LEASE Wallen Vest Ranch
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Vest Ranch
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Vest Ranch
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T 14 S, R 30 E
12. COUNTY OR PARISH Chaves 13. STATE New Mexico
14. API NO. 30-005-20425
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3869'

(NOTE: Report results of multiple completion or zone change in Form 9-331-C)



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 width and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. We will place a 20 sack plug above the perforations and after the cement is hard we will check the top with tubing.
2. We will fill the hole with 9.5# brine that has 25 sacks of salt gel per 100 bbls. of brine.
3. We will place a 100 ft. cement plug across our casing "shut off".
4. We will place a 100 ft. cement plug across our surface casing shoe.
5. We will place a 10 sack plug in surface with a proper 4' marker.

Subsurface Safety Valve: Manu. and Type None Set @ Ft.

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

SIGNED Walter W. Krug TITLE Engineer DATE 3/18/85

(This space for Federal or State office use)

APPROVED BY TITLE
CONDITIONS OF APPROVAL, IF ANY:

DATE APPROVED
PETER W. CHESTER

APR 26 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA