

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 073240

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wallen Tonto

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Seven Rivers
Tonto South Yates11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 30, T 19 S, R 33 E

14. PERMIT NO.

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

GR 3591

12. COUNTY OR PARISH

13. STATE

Lea

New Mexico

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

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☐

REPAIRING WELL

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☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) cementing surface pipe

(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.)*

On 9/2/1977 we set 226 feet of 13 3/8", 54#/ft. casing
We cemented this pipe with 300 sacks of class "c" cement
with 1/4#/sack of Floseal (lost circulation material).
We circulated 25 sacks to the pit. (Halliburton's statement
attached).

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

SIGNED

Walter W. Krug

TITLE Engineer

DATE

9/8/1977

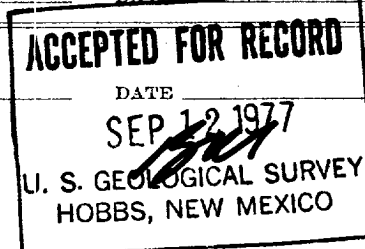
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

SEP 13 1977

OIL CONSERVATION COMM.
HOBBS, N. M.

WELL DATA

FIELD _____	SEC. _____	TWP. _____	RNG. _____	COUNTY _____	STATE _____
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FORMATION NAME _____	TYPE _____		
FORMATION THICKNESS _____	FROM _____	TO _____	
INITIAL PROD: OIL _____	BPD. WATER _____	BPD. GAS _____	MCF/D _____
PRESENT PROD: OIL _____	BPD. WATER _____	BPD. GAS _____	MCF/D _____
COMPLETION DATE _____	MUD TYPE _____	MUD WT. _____	
PACKER TYPE _____	SET AT _____		
BOTTOM HOLE TEMP. _____	PRESSURE _____		
MISC. DATA _____			

	NEW USED	SIZE	FROM	TO	WEIGHT	MAXIMUM PSI ALLOWABLE
CASING						
LINER						
TUBING						
OPEN HOLE						
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER <i>5 1/2" 15-42</i>	<i>1</i>	<i>Howe</i>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
PROP. TYPE _____ SIZE _____ LB.
PROP. TYPE _____ SIZE _____ LB.
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
SURFACTANT TYPE _____ GAL. _____ IN
NE AGENT TYPE _____ GAL. _____ IN
FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
GELLING AGENT TYPE _____ GAL.-LB. _____ IN
FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
BREAKER TYPE _____ GAL.-LB. _____ IN
BLOCKING AGENT TYPE _____ GAL.-LB.
PERFPAC BALLS TYPE _____ - QTY. _____
OTHER _____
OTHER _____

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 9-3-77	DATE 9-3-77	DATE 9-3-77	DATE 9-3-77
TIME 0834	TIME 0948	TIME 1240	TIME 1236

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
T. G. HARRIS	N7 400	Hobbs
H. Smith	5732	
R. WHITE	BULK	"
D. CAMPBELL	N 11, 100	Hobbs
DEPARTMENT	CART	
DESCRIPTION OF JOB	RECEIVED BY MAIL NOTED	

JOB DONE THRU: TUBING ☐ CASING ☒ ANNULUS ☐ TSG./ANN. ☐

CUSTOMER
REPRESENTATIVE **X** *Waller*

HALLIBURTON
OPERATOR *T*

COPIES
REQUESTED

CEMENT DATA

[illegible]

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____	DISPLACEMENT _____	PREFLUSH: BBL.-GAL. _____	TYPE _____
BREAKDOWN _____	MAXIMUM _____	LOAD & BKDN: BBL.-GAL. _____	PAD: BBL.-GAL. _____
AVERAGE _____	FRACTURE GRADIENT _____	TREATMENT: BBL.-GAL. _____	DISPL: BBL.-GAL. _____
SHUT-IN: INSTANT _____	5-MIN. _____	CEMENT SLURRY: BBL.-GAL. _____	
HYDRAULIC HORSEPOWER _____		TOTAL VOLUME: BBL.-GAL. _____	REMARKS 17-1 15 88 T
ORDERED _____	AVAILABLE _____	USED _____	
AVERAGE RATES IN BPM _____			
TREATING _____	DISPL. _____	OVERALL _____	
CEMENT LEFT IN PIPE _____			
FEET _____	REASON _____		

CUSTOMER

RECEIVED

SEP 18 1977

GEORGE W. BUSH COMM.
HOBBBS N. M.