Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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:

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Walter W. Krug DBA Wallen Production Company

8. FARM OR LEASE NAME: Wallen Tonto

3. ADDRESS OF OPERATOR: Box 1960, Midland, Texas 79702

9. WELL NO.: # 3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1650' FWL and 1650' FSL

10. FIELD AND POOL, OR WILDCAT: Seven Rivers Tonto South Yates,

11. 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: Lea

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) cementing surface pipe			[ ]
(Other)			[ ]	(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 _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
SEP 12 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

HALLIBURTON SERVICES

JOB SUMMARY

FORM 2012 R-1

HALLIBURTON LOCATION Hobbs

BILLED ON TICKET NO. [illegible]

WELL DATA

FIELD ______ SEC. ______ TWP. ______ RNG. ______ COUNTY [illegible] STATE [illegible]

FORMATION NAME ______ TYPE ______

FORMATION THICKNESS ______ FROM ______ TO ______

INITIAL PROD: OIL ______ BPD. WATER ______ BPD. GAS ______ MCFD

PRESENT PROD: OIL ______ BPD. WATER ______ BPD. GAS ______ MCFD

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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
LINER						
TUBING						
OPEN HOLE		[illegible]	[illegible]	[illegible]	TOTAL DEPTH:	
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.
PERFORATIONS						SHOTS/FT.

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 9-3-77	DATE 9-3-77	DATE 9-3-77	DATE 9-3-77
TIME 0830	TIME 1148	TIME 1340	TIME [illegible]

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER [illegible]	1	Howco

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
T. [illegible]	[illegible]	Hobbs
H. Smith	3732	Hobbs
R. White	Bulk	"
[illegible]	[illegible]	Hobbs

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 ______

DEPARTMENT [illegible]

DESCRIPTION OF JOB [illegible]

JOB DONE THRU: TUBING ☐ CASING ☑ ANNULUS ☐ TBG./ANN. ☐

CUSTOMER REPRESENTATIVE X [illegible signature]

HALLIBURTON OPERATOR T. [illegible signature]

COPIES REQUESTED ______

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK ~~SACKED~~	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	300		[illegible]		B	[illegible] ¼# Flocele	[illegible]	[illegible]

PRESSURES IN PSI

CIRCULATING ______ DISPLACEMENT ______

BREAKDOWN ______ MAXIMUM ______

AVERAGE ______ FRACTURE GRADIENT ______

SHUT-IN: INSTANT ______ 5-MIN. ______ 15-MIN. ______

HYDRAULIC HORSEPOWER

ORDERED ______ AVAILABLE ______ USED ______

AVERAGE RATES IN BPM

TREATING ______ DISPL. ______ OVERALL ______

CEMENT LEFT IN PIPE

FEET ______ REASON ______

SUMMARY

VOLUMES

PREFLUSH: BBL.-GAL. ______ TYPE ______

LOAD & BKDN: BBL.-GAL. ______ PAD: BBL.-GAL. ______

TREATMENT: BBL.-GAL. ______ DISPL: BBL.-GAL. ______

CEMENT SLURRY: BBL.-GAL. ______

TOTAL VOLUME: BBL.-GAL. ______

REMARKS

[illegible]

CUSTOMER

CUSTOMER | LEASE | WELL NO. | JOB TYPE | DATE