WELL K WELL OTHER DRY HOLE -Proposed program to NAME OF OPERATOR Walter W. Krug DBA Wallen Production Company 3. ADDRESS OF OPERATOR 79701 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 2310 FNL & 2310 FEL	FORM approved. Budget Bureau No. 42-R1424. 5. BEASE DESIGNATION AND SERIAL NO. NM 13276 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT 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.) Plug WELL WELL OTHER DRY HOLE -Proposed program to NAME OF OPERATOR Walter W. Krug DBA Wallen Production Company Address of Operator 79701 308 North Colorado Street. Suite # 4, Midland, Texas Location of Well (Report location clearly and in accordance with any State requirements.* At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	5. BEASE DESIGNATION AND SERIAL NO. NM 13276 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. 1. OIL WELL OTHER DRY HOLE -Proposed program to NAME OF OPERATOR Walter W. Krug DBA Wallen Production Company 3. ADDRESS OF OPERATOR 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. 1. OIL GAS WELL OTHER DRY HOLE -Proposed program to NAME OF OPERATOR Walter W. Krug DBA Wallen Production Company 3. ADDRESS OF OPERATOR 10 ADDRESS OF OPERATOR 11 ADDRESS OF OPERATOR 12 ADDRESS OF OPERATOR 13 ADDRESS OF OPERATOR 14 DOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 2310 FNL & 2310 FEL 15 ELEVATIONS (Show whether DF, RT, GR, etc.)	
OIL WELL WELL OTHER DRY HOLE -Proposed program to NAME OF OPERATOR Walter W. Krug DBA Wallen Production Company 3. ADDRESS OF OPERATOR 308 North Colorado Street. Suite # 4, Midland, Texas LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	7. UNIT AGREEMENT NAME
Walter W. Krug DBA Wallen Production Company 3. ADDRESS OF OPERATOR 79701 308 North Colorado Street. Suite # 4, Midland, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
308 North Colorado Street, Suite # 4, Midland, Texas 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	8. FARM OR LEASE NAME
308 North Colorado Street, Suite # 4, Midland, Texas 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Wallen Federal
See also space 17 below.) At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO.
See also space 17 below.) At surface 2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	# 5
2310 FNL & 2310 FEL 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	North Lynch
10. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
10. ELEVATIONS (Show whether DF, RT, GR, etc.)	
	Sec 20, T 20 S, R 34
GR 3049	12. COUNTY OR PARISH 13. STATE
	Lea New Mex
Check Appropriate Box To Indicate Nature of Notice, Report, or Other	ner Data
NOTICE OF INTENTION TO	VT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	DEDITION WAS A
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE ABANDON* X SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other)	ABANDONNENT
	multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, in proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical of nent to this work.)*	cluding estimated date of starting any lepths for all markers and zones perti-

Using 450 sacks of class c neat w/4% gel and 1# gilsonite per sack, we will circulate to 200' up into the 9 5/8 casing. We will set 10 sack plug in top of casing with 4" pipe and identification.

Asked and given oral permission to plug well

12-8-1972

18. I hereby certify that the foregoing is true and corre-	ot		
SIGNED Walter H. Kung	TITLE_	partner 12-13-1972	_
(This space for Federal or State office use)		1917 0/2	=
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _	DEC 1 8 19 CONTROL	
CONSTITUTE OF AFFROVAL, IF ANT:		ANTHUR K. BROWNERS	_
		URLEGO.	
*	See Instructi	ions on Reverse\Side	