Form 9-331 (May 1963)					Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 13276	
(Do not use this	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
OIL GAS WELL 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME					
Walter W. Kr 3. ADDRESS OF OPERATOR 3. ADDRESS OF OPERATOR 4. LOCATION OF WELL (F See also space 17 beloats surface	8. FARM OR LEASE NAME Wallen Federal 9. WELL NO. # 6 10. FIELD AND POOL, OR WILDCAT					
2310'	North Lynch 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA					
14. PERMIT NO.	18	GR 3619	er DF, RT, GR, etc.)	Sec 18, T20S	13. STATE	
16.	Check Appro	oriate Box To Indicate	e Nature of Nation Pares	Lea	New Mexi	
N	Check Appropriate Box To Indicate Nature of Notice, Report, or Oth					
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	MULTI	OR ALTER CASING PLE COMPLETE ON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING V ALTERING CA ABANDONMEN	ASING	

(Other) Casing Setting

(Other) Casing Setting

(Note: Report results of multiple completion on Well

Completion or Recompletion Report and Log form.)

Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-

- I. We set 1,511' of 9 5/8", 36# casing in a $12 \frac{1}{4}$ " hole with 525 sxs class "C" w/5# Gilsonite per sx and circulated approximately 10 sxs to the pit.
- II. Also, we set 3368' of 7", 23# casing in an 8 3/4" hole with 330 sxs Class "C" with 3% gel. Of the 330 sxs-60 sxs was an outside job, with Kobe Tubing, to circulate the cement to the surface.

8. I hereby certify that the foregoing is true and correct		
(This space for Federal or State office use	TITLE Engineer	8-28-1973
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD	
*Se	AUG 3 0 1913 ONATA AUG 3 0 1913 ONATA AUG 3 0 1913 ONATA BEEL INSTRUCTIONS ON REVERSA SIGNOBBS, NEW MEXICO	