

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Plug, lost hole	5. LEASE DESIGNATION AND SERIAL NO. NM 13276
2. NAME OF OPERATOR Walter W. Krug DBA Wallen Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1960 Midland, Texas 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL 2310' FWL	8. FARM OR LEASE NAME Wallen Federal
	9. WELL NO. # 8
	10. FIELD AND POOL, OR WILDCAT Pool Teas, Yates, Seven Rivers
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, T 20 S, R 34 E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3614	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	plug out hole	(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.)*

As it is impossible for me to complete this hole, I must plug and my plans are as follows:

1. Bottom of salt 3106ft of tubing, put in 2 bbls of water plus 25 sacks cement.
2. Come up to the top of salt 1600 feet with tubing add 50 bbls of water and 4 sacks of gel plus 25 sacks of cement.
3. Come up to 165 feet, add 47 bbls of water and 4 sacks of gel plus 25 sacks cement.
4. Fill the cellar up to the top of the ground with cement and place marker on hole.

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

SIGNED Walter W. Krug
(This space for Federal or State office use)

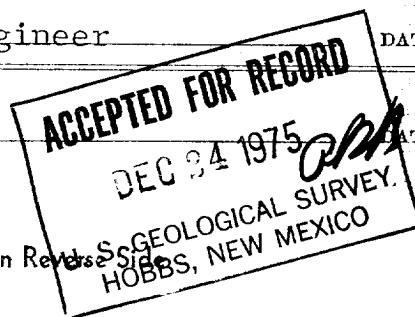
TITLE Engineer

DATE 10-4-75

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____



*See Instructions on Reverse Side