

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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"/>		NOV 06 '87		6. LEASE DESIGNATION AND SERIAL NO. LC 063578	
2. NAME OF OPERATOR Kincaid & Watson Drilling Company		O. C. D. ARTESIA OFFICE		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 498, Artesia, New Mexico 88211-0498				8. FARM OR LEASE NAME Southern Union Fed.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>North SJS East</i> 660' <i>South</i> 1980' <i>West</i> Section 34-16S-28E, Eddy County, New MEXICO				9. WELL NO. 5	
10. FIELD AND POOL, OR WILDCAT Red Lake Queen <i>NORTH</i>				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-16S-28E	
12. COUNTY OR PARISH Eddy		13. STATE N.M.			

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)\*

→ See revisions on attached sketch. SJS  
We propose to plug and abandon this well per attached sheet.

RECEIVED  
OCT 14 11 57 AM '87  
CAREY RESOURCE  
AREA HEADQUARTERS

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

SIGNED <i>[Signature]</i>	TITLE Secretary-Treasurer	DATE October 12, 1987
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE 11-5-87
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

Kincaid & Watson Drilling Co.

Southern Union Frd #5  
21-063578

