

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL, GAS, AND MINERAL
SUBMITTAL INSTRUCTIONS ON
VERSE SIDE
Artesia, NM 88210

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Kincaid & Watson Drilling Company	3. ADDRESS OF OPERATOR P.O. Box 498, Artesia, New Mexico 88211-0498	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660/North, 1980'/East Section 34-16S-28E, Eddy County, New Mexico	5. LEASE DESIGNATION AND SERIAL NO. LC 063578	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Southern Union Federal	9. WELL NO. 5	10. FIELD AND POOL, OR WILDCAT Red Lake Queen	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 34-16S 28E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

We have plugged this well as follows:

100 sacks cement 1534-1250'.

5 sacks 640'-625'

50 sacks 465-365'

60 sacks 90' to surface.

Loaded hole with jelled mud between plugs.

Cleaned up, ripped up and re-seeded location.

Set dry hole marker.

Aug 4 11 22 AM '88

RECEIVED

Put ID-2
8-26-88
Y4A

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

SIGNED

Nancy King

TITLE Secretary-Treasurer

DATE 8-3-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

8-16-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side