

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO. *LC 063578*

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.  
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 '81                                   | 7. UNIT AGREEMENT NAME         |
| 2. NAME OF OPERATOR   | O. C. D.                                     | 8. FARM OR LEASE NAME          |
| 3. ADDRESS OF OPERATOR  | ARTESIA, OFFICE                              | Southern Union Fed.            |
| 4. P.O. Box 498, Artesia, New Mexico 88211-0498   |  | 9. WELL NO.                    |
| 5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface <i>South SJS East</i><br>660/North, 1980'/ West |  | 10. FIELD AND POOL, OR WILDCAT |
| Section 34-16S-28E, Eddy County, New Mexico   |  | E. Red Lake Queen GRAYSON      |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  |  | 34-16S-28E                     |
| 12. COUNTY OR PARISH  | 13. STATE                                    |                                |
| Eddy  | N.M.   |                                |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether @ RT, OR, etc.) |                                |
|   | 3555'  |                                |

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 checked="" type="checkbox"/>  |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <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 type="checkbox"/>    |
| (Other) <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 propose to plug and abandon this well per attached sheet.

RECEIVED

OCT 11 11 55 AM '87  
CARLETON RESOURCE  
AREA HEADQUARTERS

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

SIGNED

TITLE Secretary-Treasurer

DATE October 12, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

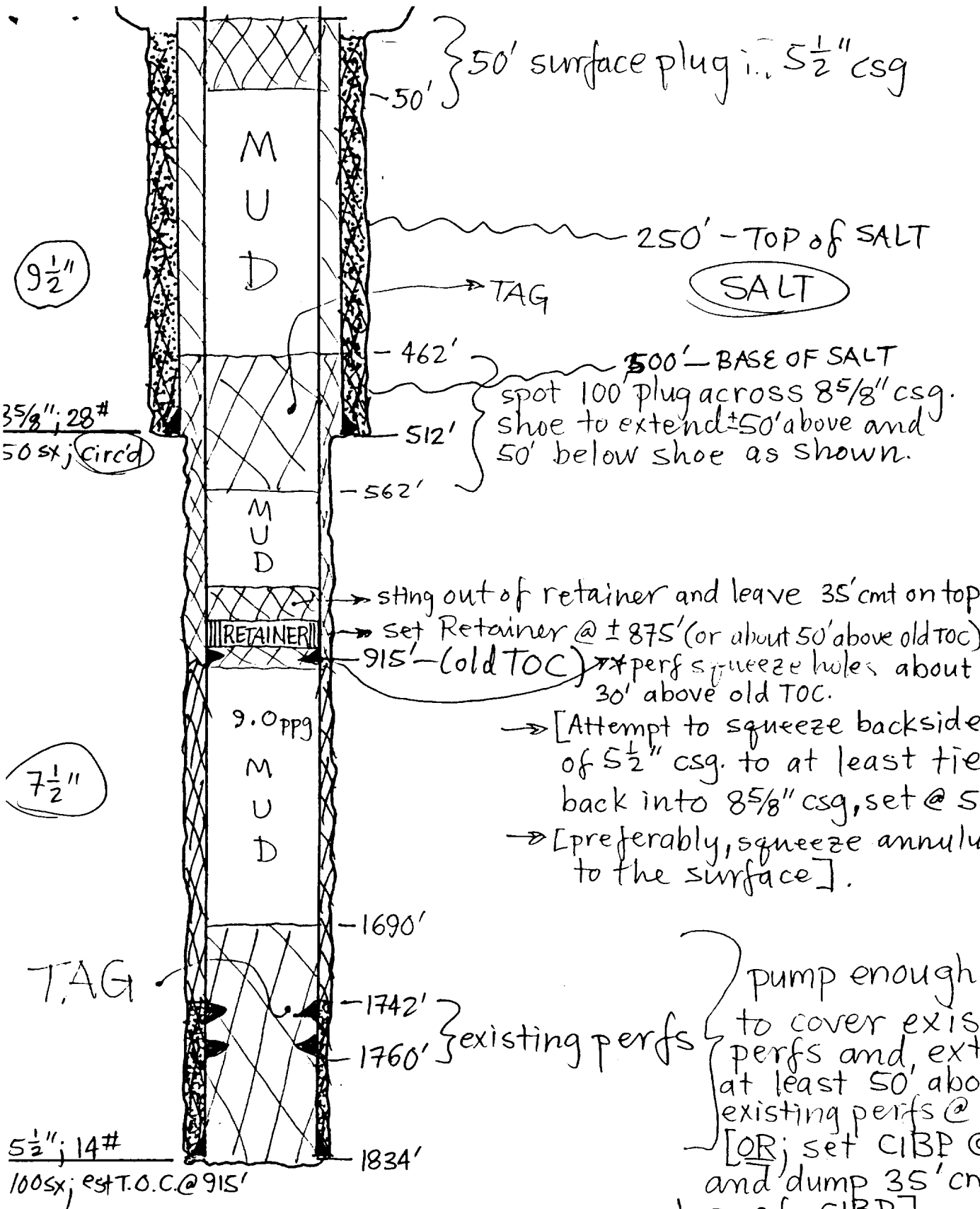
\*See Instructions on Reverse Side

OPERATOR: Kincaid & Watson

WELL: Southern Union Fed. #3

LEASE NO: LC-063578

LOCATION: 660 FSL/1980' EEL of S34, 16, 28



SJS 10/1/87