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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

clst
Op

OCT 9 '90

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-7254
7. Unit Agreement Name
8. Farm or Lease Name Superior State
9. Well No. 1
10. Field and Pool, or Wildcat Red Lake Queen Grayburg Ha
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEED OR PLUG BACK TO A DIFFERENT AREA OFFICE USE APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER

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
UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 17S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)
3610' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPHS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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) SEE RULE 1709.

We propose to plug this well as follows:

Set plug 1515-1650 & tag - load hole with mud.
Cut & pull 5 1/2" + - 1200'
Set stub plug 1150-1250 and tag.
Set 25 sac plug 200-465.
Surface plug.
Clean location and set dry hole marker.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Secretary-Treasurer DATE Oct. 9, 1990

APPROVED BY [Signature] TITLE Dist Geol DATE 10/23/90

CONDITIONS OF APPROVAL, IF ANY

Notify N.M.O.C.C. in sufficient time to witness
Plugging