| Form | 9-331 |
|------|-------|
| (May | 1963 |

I TED STATES SUBMIT IN TR CATE*

Form approved.

| DEPARTMENT OF THE INTERIOR (Other instruction on re- | | | | 5. LEASE DESIGNATION AND SERIAL NO. NM 012896 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME | | |
|---|--|---|---|--|--|--|
| SUNDRY N (Do not use this form for Use "AP" | 6. IF INDIAN, ALLOTTE | | | | | |
| I, OIL ST GAS TO | | | 7. UNIT AGREEMENT NA | | | |
| WELL WELL OTH | ER | | 8, FARM OR LEASE NAM | | | |
| 2. NAME OF OPERATOR Kincaid & Watson Drilling Company 3. ADDRESS OF OPERATOR | | | 1 | Aztec Federal 9. WELL NO. | | |
| | | | | | | |
| P.O. Box 498. A | rtesia, New Mexico 882 | 210 | 3 | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' from Nofth line and 990' from East line. | | | | 10. FIELD AND POOL, OR WILDCAT Red Lake | | |
| | | | | | | |
| | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | |
| | | | 15-17S-28E | | | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 12. COUNTY OR PARISH | 1 | | | |
| | 3637 Gr. | | Eddy | New Mexico | | |
| 16. Check | k Appropriate Box To Indicate | Nature of Notice, Report, or | Other Data | | | |
| NOTICE OF INTENTION TO: SUBSEQU | | | UENT REPORT OF: | | | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING V | WELI. | | |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING C | ASING | | |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONME | NT* | | |
| REFAIR WELL | CHANGE PLANS | (Other) | ts of multiple completion | on Well | | |
| (Other) | | Completion or Recom | pletion Report and Log for | rm.) | | |
| proposed work. If well is d nent to this work.) * | D OPERATIONS (Clearly state all pertining the control of the contr | ient details, and give pertinent dates ocations and measured and true verti- | s, including estimated dat cal depths for all marker | e of starting any s and zones perti- | | |
| Per oral p | ermission we will tree | at a different zone. | | | | |
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| | | | A Company | | | |

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| 16. | I hereby certify that the foregoing is true and correct SIGNED | TITLE _ | Assistant Secretary | DATE | NEWXNEXTEX X12-4-67 |
|-----|--|------------|----------------------|--------|----------------------------|
| | (This space for Federal of State office use) | | | | |
| | CONTROL OF APPROVAL, IF ANY: | TITLE _ | | DATE . | |
| AF | 7 1967 | | | | |
| | UEL / 3/ NAM -EP *Se | e Instruct | ions on Reverse Side | | |