

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL COMMISSION
SUBMIT IN TRIPLICATE
Other Instructions
Reverse Commission

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

RECEIVED BY

SEP 18 SUNDY 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. O. C. D. <input type="checkbox"/> ARTESIA, GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well | | 5. LEASE DESIGNATION AND SERIAL NO. NM-0162 |
| 2. NAME OF OPERATOR Walsh and Watts, Inc. ✓ | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 1111 Seventh Street, Wichita Falls, Texas 76301 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter Q, 1980' FSL & 660' FEL of Section 6, Township 16S, Range 31E of NMPM | | 8. FARM OR LEASE NAME North Square Lake Premier Uni |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4012' DF | 9. WELL NO. 11 |
| | | 10. FIELD AND POOL, OR WILDCAT N. Square Lake (G/SA) |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T16S, R31E |
| | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE New Mexico |

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

Operation: Locate and squeeze hole in casing. Anticipated remedial work date is August 22, 1985.

- 1.) Pull tubing and injection packer.
- 2.) TIH with retrievable bridge plug and treating packer. Set RBP at 3200'±.
- 3.) Test casing with treating packer.
- 4.) Set treating packer 100'± above casing leak. Squeeze with 50-100 sx. low fluid loss cement.
- 5.) Drill out cement and retest casing.

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

SIGNED W. G. Womble

TITLE W. G. Womble, Petroleum Eng. DATE August 20, 1985

(This space for Federal or State office use)

APPROVED BY Orig. Sec.
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 9-17-85

*See Instructions on Reverse Side