

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instruction on reverse side)

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

458

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Injection Well	5. LEASE DESIGNATION AND SERIAL NO.
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 X-660' FSL, 660' FEL, Section 6, T16S, R31E	8. FARM OR LEASE NAME N. Square Lake Premier Unit
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4016' DF	10. FIELD AND POOL, OR WILDCAT N. Square Lake (G/SA)
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA X-6-16-31
	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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 checked="" 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"/>		<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.)\*

- 1.) Pulled tubing with injection packer.
- 2.) Located casing leak at 281' with packer and retrievable bridge plug. Reset RBP at 3200' and capped with sand.
- 3.) Set treating packer at 200' and squeezed 2-7/8" OD casing with 200 sx. Class "C" cement. Overdisplaced cement due to lack of squeeze pressure.
- 4.) Resqueezed casing with 50 sx. Class "C", 750 gals. Flo Check II and 75 sx. Class "C" with 20% Cal Seal.
- 5.) Drilled out of cement and tested casing to 400# and injected at 1 BPM at 400#.
- 6.) Squeezed casing leak underneath packer with 500 gals. Flo Check II and 200 sx. Class "C" with 5#/sx. salt and 15% Cal Seal. Pumped in at 650#.
- 7.) Drilled out cement. Pumped in at 350#.
- 8.) Squeezed casing leak through packer with 1000 gals. Flo Check II, 150 sx. foamed Cal Seal cement, 500 gals. Flo Check II and 150 sx. foamed Cal Seal cement.
- 9.) Drilled out cement and pumped in casing leak at 281' with 400# pressure at 1 BPM.
- 10.) Requested permission to abandon well from BLM and N. Mexico Commission.

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

SIGNED W. H. Smith TITLE Engineer DATE 9/24/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED FOR RECORD  
DATE 9/24/85

OCT 4 1985

\*See Instructions on Reverse Side