

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NM 88210

SUBMIT IN TRIPlicate
(Other instructions
reverse side)

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

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 P X-660 FSL, 660 FEL, Sec. 6, T15S, R31E		8. FARM OR LEASE NAME North 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)
ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA X-6-16-31
12. COUNTY OR PARISH Eddy		13. STATE N.M.

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

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 checked="" 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.)

The subject well was abandoned on September 24 & 25, 1985. All work was witnessed by a BLM technician. The procedure was approved verbally by Mr. Bob Pitschke.

- 1.) Set CIBP at 3200'. Spotted cement from 3200' to 2850'.
- 2.) Spotted mud from 2850' to 1818'.
- 3.) Ran cement bond log from 2000' to surface. Cement top did not extend to 1700'.
- 4.) Perforated squeeze holes at 1818' and set a cement retainer at 1750'. Squeezed 50 sx. through retainer and capped retainer with cement to 1700'.
- 5.) Spotted mud from 1700' to 700'. Note: Bond log showed good cement outside of casing from 700' to 450'.
- 6.) Spotted cement from 700' to surface. Watched cement and did not observe any drop in level.
- 7.) Capped well with abandonment marker.

We request instructions for restoring location.

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

SIGNED Agnes B. Green TITLE Vice-President

DATE 9/30/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE 9-28-88

CONDITIONS OF APPROVAL, IF ANY:

Applicant's
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

POST 10-2
10-11-85
P & A