

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDY NOTICES AND REPORTS ON WELLS

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-062483

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

North Square Lake Premier Unit

8. FARM OR LEASE NAME

North Square Lake Premier Unit

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Square Lake (G/SA) North

11. SEC., T., R., OR BLK. AND SURVEY OR AREA

Sec. 6, T16S, R31E, NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Walsh and Watts, Inc. ✓

3. ADDRESS OF OPERATOR

1111 Seventh Street, Wichita Falls, Texas 76301 O. C. D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' North of South line and 1629.46' East of West line of  
Section 6, 16S, 31E, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3991' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Return well to production ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.) Cleaned out well to T.D. of 3194'.

2.) Ran tubing, rods and pump.

3.) Set pumping unit and connected to power. Returned well to pumping.

Work Completed 2-27-88

MAR 8 10 55 AM '88  
CARLSBAD DISTRICT  
AREA HEADQUARTERS

RECEIVED

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

SIGNED

*Alfred B. Guinn*

TITLE

Alfred B. Guinn, Vice-President

DATE

March 3, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS