

U. S. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
RECEIVED

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 063105

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sheldon Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Square Lake-G-3A

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

Sec. 28, T-16S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Kennedy Oil Co., Inc.

3. ADDRESS OF OPERATOR

P.O. Box 47 Mayhill, NM 88339

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

At surface

660' FWL & 330' FWL (NW/4NW/4)

N

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

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

4000/D.F.

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* Temp.

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)*

Due to economic reasons this well is not feasible to produce at this time. The high amount of water produced in relation to oil produced does not allow for economic production.

We will run a casing integrity test per BLM requirements to satisfy this intention.

Request TA status for 1 year.

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

SIGNED

TITLE V.P.

DATE 9-28-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10-18-88

CONDITIONS OF APPROVAL, IF ANY: