

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
011599 API #30-015-10151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector		7. UNIT AGREEMENT NAME North Square Lake Premier Unit	
2. NAME OF OPERATOR Walsh and Watts, Inc.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 1111 Seventh Street, Wichita Falls, Texas 76301		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "J" 4290' from South line & 1650' from East line Section 6, T16S & R31E of NMPM		10. FIELD AND POOL, OR WILDCAT Square Lake (G/SA) North	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA J-06-15-31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4010' DF		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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" 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 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.)\*

Preparing to plug & abandon injector no longer needed for waterflood. Procedures should commence Aug. 15, 1995.

- 1.) Set CIBP at 3100'. Cap with 35' cement.
- 2.) Circulate hole with mud.
- 3.) Perforate at 1900'. Squeeze with 50 sx. cement 1800' to 1900'. Tag.
- 4.) Perforate at 1300'. Squeeze with 50 sx. cement 1200' to 1300'.
- 5.) Perforate at 285'. Squeeze with 60 sx. cement 165' to 285'. Tag.
- 6.) Perforate at 50'. Circulate to surface with 25 sx. cement. Cap with marker.

Note: Well drilled by Shell Oil as the #10 Trigg

RECEIVED

JUL 24 1995

OIL CON. DIV.  
DIST. 2

I, I hereby certify that the foregoing is true and correct

SIGNED Alfred B. Guinn TITLE Vice-President

DATE 7/19/95

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side