

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON 12/198

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐ **O. G. D. ARTESIA OFFICE**
2. NAME OF OPERATOR
Kincaid & Watson Drilling Company
3. ADDRESS OF OPERATOR
P.O. Box 498, Artesia, New Mexico 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980'/North line, 660'/East Line
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Per oral permission from Orlando Lopez we have plugged this well as follows:
35 sacks cement from 200' to 2530'
Shot casing off at 2000'
35 sacks cement at 2030'-1968'
Tag plug at 2030'
35 sacks at 970'
35 sacks at 580'
35 sacks at 496'
70 sacks at 268'
125 sacks 172-surface.
Set dry hole marker
Cleaned up location.

5. LEASE NM 013814	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Wright Federal	
9. WELL NO. 4	
10. FIELD OR WILDCAT NAME Square Lake	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1=17-29	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) GL 3685'	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

MAR 2 1983

OIL & GAS
MINERAL SERVICE
ROSEMBO, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Secretary-Treasurer DATE March 1, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12/11/90

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

Post ID-2
4-1-83
P&H