cISF

Form 9-331 Dec. 1973

Artesia, NM

88210

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

LEASE NM 013814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WE	115	ς
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7. UNIT AGREEMENT NAME

Do act 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.) well X gas othe: well 2. NAME OF OPERATOR

M OR LEASE NAME right Federal L NO.

6 1987 Kincaid & Watson Drilling Company O. C. D.

10. FH DOR WILDCAT NAME

8 A RTIES IA, OFFICE P.O. Box 498, Artesia, New Mex 4. LOCATION OF WELL (REPORT . . CATION CLEARLY, See space 17 Delow.)

uare Lake ., T., R., M., OR BLK. AND SURVEY OR

AT SURFACE: 659 '/North line, 1940'/East line

6-17-30

AT TOP PROD. INTERVAL:

12. COUNTY OR PARISH 13. STATE Eddy New Mexico

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

14. APLNO.

AREA

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD) GL 3701'

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES *NOCHABA

(other)

SUBSEQUENT REPORT OF:

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, is cluding 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: Bridge plug at 2574' 10 sacks dement on top of plug 2474'-2474'

Pulled 2100' casing. Plug from 2140'-1953'.

Circulated with maid.

35 sacks 1085'-980'

50 sacks to 589'. Plug did not hold. 35 sacks tagged at 519'.

 N_{i}

20 sacks from 60'to surface.

Set dry hole marker and cleaned up location.

OIL & GAS MINERALS MONT. SERVICE HUSWELL, NEW MEXICO

Set (a)

Subscrface Safety Valve: Manu. and Type

18. Thereby certify that the foregoing is true and correct

HILE Secretary-Treasure MATE

March 1, 1983

Morig. Bod. .

CONDITIONS OF APPROVA , IF ANY:

(This space for Federal or State office use)

Acres 6 APPROVED BY

TITLE

GATE

3-31-57

*See Instructions on Reverse Side