

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | NOV 18 '87 | 5. LEASE DESIGNATION AND SERIAL NO. LC 063578 |
| 2. NAME OF OPERATOR Kincaid & Watson Drilling Company | O. C. D. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 498, Artesia, New Mexico 88211-0498 | ARTESIA, OFFICE | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' North 1980' East Section 34-16S-28E, Eddy County, New Mexico | | 8. FARM OR LEASE NAME Southern Union Fed |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether @ RT, GR, etc.) 3585' | 9. WELL NO. 4 |
| 16. | | 10. FIELD AND POOL, OR WILDCAT Red Lake Queen-G, EAST |
| | | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 34-16S-28E |
| | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE N.M. |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| 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"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| 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"/> | |

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

We propose to plug and abandon this well per attached sheet.

RECEIVED

OCT 14 11 57 AM '87
CADDIS SOURCE
ASBESTOS

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

SIGNED [Signature] TITLE Secretary-Treasurer

(This space for Federal or State office use)

DATE October 12, 1987

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-17-87

*See Instructions on Reverse Side

Wanda Watson Drilling Co.

Sout in Union Fed #4
LE-063578

34-16-28

