

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

457

5. LEASE DESIGNATION AND SERIAL NO.

NM-0263393

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

FROSTMAN OIL CORPORATION

MAY 30 '89

3. ADDRESS OF OPERATOR

Post Office Drawer W, Artesia, New Mexico 88210 O.C.D.

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

1650 FSL and 330 FEL

NE/4 SE/4 Section 13 18S 30E

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

Shugart 18 Queen Unit

8. FARM OR LEASE NAME

Shugart 18 Queen

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Shugart Y-SR-Q-9

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

Section 13, T18S, R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Put well back on production

(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.)

May 2, 1989

Run rods, pump, set pumping unit and put well back on production.

RECEIVED
MAY 21 1989

RECEIVED

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

SIGNED Johnnie J. Smith

TITLE President

DATE 5/19/89

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY _____

MAY 19 1989

*See Instructions on Reverse Side

SJS