

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR 1 R
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

45P

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"/>		7. UNIT AGREEMENT NAME Shugart 18-Queen Unit
2. NAME OF OPERATOR Mack Energy Corporation	3a. Area Code & Phone No. (505)748-1288	8. FARM OR LEASE NAME Shugart 18-Queen Unit
3. ADDRESS OF OPERATOR P.O. Box 1359, Artesia, NM 88211-1359		9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K: 1980 FSL 1980 FWL		10. FIELD AND POOL, OR WILDCAT Shugart (Y SR QN GB)
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 18-T18S-R31E
15. ELEVATIONS (Show whether DR, RT, OR, etc.)		12. COUNTY OR PARISH Eddy
		18. STATE NM

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JAN 2 1993

O. C. D.
ARTESIA DISTRICT

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Replace tubing</u>	<input checked="" 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.)*

Rigged up. Release pkr. Ran in hole with bit & cleaned out to PBTD.
Ran in hole with new 2 3/8" plastic coated tbg & pkr. Circ hole with pkr fluid. Set pkr @ 2886'. Test csg to 300# for 15 minutes. Held OK. Put well back on INJ.

Witnessed by OCD.

RECEIVED
 CARLSBAD DISTRICT
 AREA HEADQUARTERS
 JAN 8 10 20 AM '93

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

SIGNED Crisa Carter TITLE Production Clerk DATE 1/5/93

ACCEPTED FOR DEPOSIT
 APPROVED BY [Signature] TITLE _____ DATE _____
 CONDITIONS OF APPROVAL ONLY:
 JAN 4 9 1993
 CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side