

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

2157
BLM Rowell District
Modified Form No.
M1060-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED

(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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-059569 B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER SEP 11 '90

7. UNIT AGREEMENT NAME
North Shugart on Unit
8. FARM OR LEASE NAME

2. NAME OF OPERATOR
Plemmons-Angel oil company
3. ADDRESS OF OPERATOR
P.O. Box 965 - Wolfforth, Texas 79382
3a. Acre Certificate No.
806 2856 office 7

9. WELL NO.
4

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

10. FIELD AND FOOT, OR WILDCAT
Shugart-Yates-SR, 9HUB
11. SEC., T., R., N. OR S.W. AND
NEARBY OR AREA

SW 1/4 NW 1/4 Sec 21-T18S-R31E
. 2310' FNN 330' FWL

Sec 21-T18S-R31E
12. COUNTY OR PARISH
EDDY
13. STATE
New Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DT, RT, OR, etc.)
3634 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

9-5-90 We want to leave this well in a
Temporary abandonment state pending further
Evaluation

RECEIVED
SEP 6 3 32 PM '90
CARE AREA

12
9/1/90

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

SIGNED [Signature] TITLE Co-ordinator DATE 9-5-90
(This space for Federal or State office use)

APPROVED BY _____ TITLE PETROLEUM ENGINEER DATE 9-7-90
CONDITIONS OF APPROVAL, IF ANY: