

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN THIS MANNER
(Other instructions on reverse side)

Expires August 31, 1992
5. LEASE DESIGNATION AND SERIAL NO.
8910087720
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

*dst
up*

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. ☒ GAS ☐ OIL ☐ OTHER

2. NAME OF OPERATOR
B & A Operating Co. , 12710

3. ADDRESS OF OPERATOR
P.O. Box 136, Lovington, N.M. 88260

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
**Unit letter J, 1650' from the South line, 1650' from the East line,
Sec 36, T18S,R30E, NMPM, Eddy County, N.M.**

11. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3536. GL.

7. UNIT AGREEMENT NAME
Culwin Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Shugart, Yates, Qn, 7R, Gbg.

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
36NWSE, T18S,R30E

12. COUNTY OR PARISH 13. STATE
Eddy NM

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) T.A. <input checked="" type="checkbox"/>	
<small>(Other) <input type="checkbox"/></small>			

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.) *

Bad tubing and rods. Low production well. Propose to work-over Queen Sand and other zones.
Temporarily Abandoned.
Evaluating W. D. procedures and costs.

*Wrong Form
Record Only*

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

SIGNED *D. R. Bell* TITLE Manager/Operations DATE 06-16-92
D. R. Bell
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side