SUBMIT IN TRIPLICATE Type of Well	Change of Plans
Name of Operator Same oper	PMS 8 Federal Well No. 5 PI Well No. 30-015-26765 Field and Pool, or Exploratory Area Shugart Bone Springs North County or Parish, State Eddy, NM DR OTHER DATA
2 Name of Operator Assoco Production Company 3 Address and Telephone No P. 0. Box 3092 (Rm 17.182) Houston, TX 77253-3092 (713) 596-7686 4 Location of Well (Footage, Sec., T., R. M., or Survey Description) 835' FNL x 710' FML, Unit D, Sectin 8, T-18-S, R-31-E 11. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, C TYPE OF SUBMISSION TYPE OF ACTION Notice of intent Abandonment Recompletion Plugging Back Casing Repair Final Abandonment Notice Altering Casing X Other Pull RBP Out of Hole & Open Bottom Perorations. ADDRESCRIPT OF SUBMISSION Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pr	PI Well No 30-015-26765 Field and Pool, or Exploratory Area Shugart Bone Springs North County or Parish, State Eddy, NM DR OTHER DATA Change of Plans
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Subsequent Report Recompletion Plugging Back Casing Repair Altering Casing Casing Viter Pull RBP Out of Hole & Open Bottom Perorations. (No. Co. Co. Co. Co. Co. Co. Co. Co. Co. C	•
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pr	Water Shut-Off Conversion to Injection Dispose Water Dispose Water Dispose of Multiple Completion on Wearn Dispose of Recompletion Report and Log form -
RUSU 10/28/92 X POH X PKR X FISH MULE SHOE PARAFFIN CUTTER OFF TOP OF RB POH X RBP TO OPEN BOTTOM PERFS X RIH TO CHECK FOR FILL X NO FILL X POH X X PKR X TBG X DISPLACE BACKSIDE CSG X PKR FLUID X TEST X OK. RDSU 11/6/92 RU SWABBING UNIT 11/6/92 X SWB TEST X WELL START FLOWING. RD SWABBING U1/8/92.	(RIH
WELL TEST RESULTS:	78 _
BEFORE WORKOVER: 0 OIL / 0 WTR / 0 MCF (10/23/93) AFTER WORKOVER: 51 OIL / 0 WTR / 224 MCF (11/19/93)	19 19 19 19 19 19 19 19 19 19 19 19 19 1
1993	1
14. I nereby certify that the foregoing is true and correct:	
Signed	Date2-15-93
(This space for Federal or State office use)	
Approved by	

or representations as to any matter within its minadiction.