Form 3160-5 (Navember 1983) (Formerly 9-331) UNITED STATES DEPARTN IT OF THE INTER	SUBMIT IN TRIPLICATE* (Other Instruct' on re-	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS	ON WELLS	NM-025503 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such i	back to a different reservoir. proposals.) NM OIL CONS COMMISSION	7. UNIT AGREEMENT NAME B.S.W.U.
2. NAME OF OPERATOR	Drawer DD Artesia, NM 88210	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-		9. WBLL NO. #7
4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface	State requirements.*	10. FIELD AND POOL, OR WILDCAT Shugart (Y-SR-Q-GR)
Unit I, NE ¹ 4 SE ¹ 4, 1530' FSL & 940' FEL	FLD & 1994	Sec. 26, T. 18S, R. 30E
14. PERMIT NO. 30-015-27546 15. ELEVATIONS (Show whether D. 3446.2 GR	F, RT, GR. etc.)	Eddy 13. STATE New Mexico
16. Check Appropriate Box To Indicate 1	Nature of Notice, Report, or O	ther Data
NOTICE OF INTENTION TO:	BUBBBQUI	ENT REPORT OF:
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL 1 Other) PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING INSTAIL & TES (Other) (Note: Report results Completion or Recomple	t Inj. PKr.
On 12/15/93, ran in hole with 2 3/8" plastic Side Pocket Mandrel, 2 3/8" plastic coated Lockset Packer, 8 jts of 2 3/8" plastic coated Mandrel, 2 3/8" plastic coated tubing sub, and 94 jts of 2 3/8" plastic coated tubing. Set the Baker A-3 Lockset at 3378'. Set the Pressure tested casing to 560#. Held for 1 with NMOCD. See attached pressure chart.	c coated tubing sub, n tubing sub, nickel coa ted tubing, nickel coa nickel coated Baker C- Circulated packer fl e Baker C-1 Tension Pa	ickel coated Baker ted Baker Model A-3 ted Baker Side Pocket 1 tandem tension packer uid on back side.
	8 m.:	100 kg 100 kg 100 mg 100 mg
	L. Jara	कृत 👸
	JAN 2 8 1994	
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18. I hereby certify that the foregoing is true and correct SIGNED Salure A- Mc Heavitille Pr	oduction Analyst	DATE 01/10/94
(This space for Federal or State office use)		
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:		DATE

