

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL GIVES. COMMISSION
Drawings SUBMIT IN TRIPLY
(Other instructions
see side) 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 FROSTMAN OIL CORPORATION	8. FARM OR LEASE NAME Shugart 18 Queen
3. ADDRESS OF OPERATOR Drawer W, Artesia, NM 88210	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 1650' FSL & 330' FEL NE 1/4 SE 1/4 Section 13 18S 30E	10. FIELD AND POOL, OR WILDCAT Shugart Y-SR-Q-G
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13, T18S, R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) O. C. D. ARTESIA, OFFICE	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

(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.) *

There is a packer in the hole now set at 3,049 feet. Perforations are at 3,084 feet to 3,096 feet.

Request approval to test casing by pressuring to the 500 pound, holding for fifteen minutes using the down hole equipment that is in place now. If test is successful, request well left in T. A. status as I plan to put well back on production in the near future.

ACCEPTED FOR RECORD

FEB 28 1989

CASPER, NEW MEXICO

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

SIGNED Clayton Smith TITLE Pres. DATE 2-13-89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side