Form 3160-5 (November 1983) (Formerly 9-331)	DEPART	UNITED STATES M. FOF THE IN U OF LAND MANAGE	TERIOR	BUBMIT IN TRIPLE Other instruction verse side)	an wa. !	Budget Bureau No. 1 Expires August 31, LEASE DESIGNATION AND 6	ENRIAL NO.	
(Do not use	INDRY NOT	ICES AND REPOR	RTS ON 1	WELLS 210 a different reservoir. RECFIVED		IF INDIAN, ALLOTTEE OR T	FRIBE NAME	
1. OIL GAS G					''	7. UNIT AGREEMENT NAME Shugart 18 Queen Unit		
WELL A WELL OTHER					8.	FARM OR LEASE NAME	en onic	
FROSTMAN (TON .		APR 05 '89		Shugart 18 Que	en	
3. ADDRESS OF OPER				O. C. D.	9.	WELL NO.		
Post Office Drawer W, Artesia, NM 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State Activation of Well (Report location clearly and in accordance with any State Activation of Medical Control of Co						10. FIELD AND POOL, OR WILDCAT		
See also space 17 At surface	below.)	ically and in accordance wi			11	Shugart V CR-	<u>G-G</u>	
1030 LPF 6	and 550 FEL					202042		
NE 4 SE 4 Se	ection 13 18	S 30E 15. ELEVATIONS (Show who	nether DF, RT, GR,	etc.)	15		8S, R30E BTATE NM	
				-(NI-ii- P	Osh			
16.	•	propriate Box To India	cate Nature			HAPORT OF:		
	NOTICE OF INTEN	TION TO:	- I					
TEST WATER SH		PULL OR ALTER CASING	-	WATER SHUT-OFF TRACTURE TREATMEN	_	REPAIRING WELL ALTERING CASING		
FRACTURE TREAT SHOOT OR ACIDIZ		MULTIPLE COMPLETE ABANDON*	-	SHOOTING OR ACIDIZI		ABANDON MENT*		
REPAIR WELL		CHANGE PLANS	_	(Other)		alada a a malada a mari		
(Other) Test	Casing		_]	Completion or	Recompletio	multiple completion on W n Report and Log form.)		
17. DESCRIBE PROPOSI proposed work nent to this wo	. If well is direction	RATIONS (Clearly state all ponelly drilled, give subsurfa	pertinent detai ace locations ar	is, and give pertinen id measured and true	t dates, luc verticul de	epths for all markers and	starting any	
	Packer set Perforation T.D. 3156 Tested casi	.9 8 9 - Tested Ca at 3039 is 3084 - 3096 .ng to 500 pounds ssed by Danny Cor	s for 15	the B. L. M	•	GAREARA TO SE AN 188	RECEIVED	
						OR 12 MORTH P		
				ENDI	NG	4/3/90		
18. I hereby certify	that the foregoing		_{le} Presi	dent		DATE 3/22/89		
	Federal or State of				CCEPTE	D FOR RECORD		
APPROVED BY CONDITIONS O	F APPROVAL, IF	APPROVAL, IF ANY:				DATE		
					At	તિ 3 1989		
		سد دا د . ۵€		Payama Sida		C75		

See Instructions on Reverse Side

CARLSBAD, NEW MEXICO