Form 3160-5 November 1983) Formerly 9-331)	UNI D STATES DEPARTMEN. OF THE INT BUREAU OF LAND MANAGEM		Form approved. Budget Bureau No. 1004 Expires August 31, 1985 5. LEASE DESIGNATION AND SELL LC-029388-A	5
	DRY NOTICES AND REPORT form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT_" for a		6. IF INDIAN, ALLOTTEE OR TRIBI	I NAME
I. OIL GAS WELL WELL 2. NAME OF OPERATOR	OTREE Water Injection William A. & Edward R. Hud	<u>MAY 11 1987</u>	. UNIT AGREEMENT NAME . FARM OR LEASE NAME Shugart "A"	
3. ADDRESS OF OPERATOR	Box 198, Artesia, New Mex	S WELL NO. 5		
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from south and west lines of Sec. 10-18S-31E Eddy County, New Mexico 			10. FIBLD AND POOL, OR WILDCAT Shugart(Y, SR, Q, GB) 11. SBC, T., B., M., OR BLK. AND BURYAY OR ABBA Sec. 10-18S-31E	
14. PERMIT NO.	15. ELEVATIONS (Show wheth	her DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE Eddy N.M.	
16. N	Check Appropriate Box To Indica otice of intention to:		Other Data	
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE COMPLETE ABANDON [®] TEMPOTATY X CHANGE PLANS	Completion or Recomp	BEPAIRING WELL ALTEBING CABING ABANDONMENT [®] of multiple completion on Well letion Beport and Log form.)	
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)•	COMPLETED OPERATIONS (Clearly state all per well is directionally drilled, give subsurface	tinent details, and give pertinent dates, locations and measured and true vertics	including estimated date of start al depths for all markers and sone	ing any s perti-

This water injection well(Shugart Waterflood Project) no longer takes water. Since this project is in the latter stage of operation, we propose to temporarily abandon the well. CO_2 injection is being tested in New Mexico, and this well has possible use at a later time.

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18. I hereby certify that the foregoing is true and correct SIGNED XALAL PAY	TITLE	Consulting Engineer	DATE April 7, 1987
(This space of Federal or State office use) APPROVED BY Acting Area Manager CONDITIONS OF APPROVAL, IF ANT:	TITLE		DATE 5-5-87

*See Instructions on Reverse Side

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