

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

c/sf

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection	5. LEASE DESIGNATION AND SERIAL NO. LC-029388-A
2. NAME OF OPERATOR William A. & Edward R. Hudson	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 198, Artesia, N. M. 88211	7. UNIT AGREEMENT NAME
4. 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	8. FARM OR LEASE NAME Shugart "A"
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Shugart(Y, SR, Q, GB)
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 10-18S-31E
	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandon <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) *

On August 4, 1987, this well was temporarily abandoned.
The following procedure was used. Pulled tubing and packer.
Set a cast iron bridge plug in 5 1/2" casing at 3185. Placed
10' of cement on top of plug, ran tubing to 3155'. Displaced
fluid in hole with 75 barrels of jelled water. Pulled tubing.
Installed a 5 1/2" X 2" swage with a 2" valve on top. Well is
shut in.

ACCEPTED FOR RECORD

AUG 24 1987

CARLSBAD, NEW MEXICO

RECEIVED

AUG 24 8 19 AM '87

CARLSBAD DISTRICT
AREA HEADQUARTERS

APPROVED FOR 12 MONTH PERIOD
ENDING 8/25/88

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

SIGNED <u>Ralph L. Gray</u>	TITLE <u>Consulting Engineer</u>	DATE <u>August 20, 1987</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side