

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUM.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 062052	
2. NAME OF OPERATOR William A. & Edward R. Hudson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 9, Maljamar, New Mexico 88264		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 1980/5 & 660/4 NW 1/4, SW 1/4 Sec. 11, T18S, R31E		8. FARM OR LEASE NAME Shugart B	
14. PERMIT NO. 30 015 05520		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3733' GL		10. FIELD AND POOL, OR WILDCAT Shugart Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-18S-31E	
		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:		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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

March 4, 1991. This well was re-entered by drilling out all existing plugs from the surface to 4116'.

March 8, 1991. The 5-1/2" casing was perforated from 4030' to 4042' w/2 shots per ft. The perforations was acidized using 1500 gals. of NEFE HCL. acid.

March 11, 1991. The well was fraced w/30,000 gals. of Boragel, 47,5000# 20/40 sand plus 16,000# 12/20 sand. Average rate was 18 BPM, average pressure was 2175 psi., maximum pressure was 2408 psi.

March 15, 1991. After the load was recovered the well produced 24 BWPH w/5% oil cut. The well is temporarily shut in pending the installation of the produced water disposal facilities and production facilities.

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

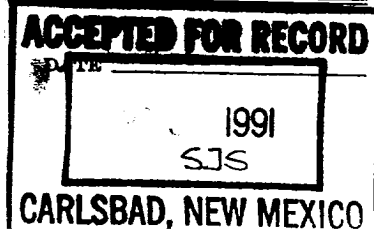
SIGNED James Hansen TITLE Prod. Supt.

DATE 3/20/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



ACCEPTED FOR RECORD