

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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verse side)

BLM Roswell District
Modified Form No.
MD60-3160-4

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.)

RECEIVED

JAN 31 1992

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Re-entry		2. NAME OF OPERATOR William A. & Edward R. Hudson		3a. Area Code & Phone No. 505-676-2266		5. LEASE DESIGNATION AND SERIAL NO. LC-062052	
3. ADDRESS OF OPERATOR P.O. Box 9, Maljamar, New Mexico 88264		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL, 660' FWL Sec. 11, T18S, R31E Eddy County, New Mexico		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Shugart B	
14. PERMIT NO. 30 015 05520		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3733' GR		9. WELL NO. 4		10. FIELD AND POOL, OR WILDCAT Shugart SA Yates, O. GR, SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18S-31E		12. COUNTY OR PARISH Eddy	
						13. STATE NM	

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 PLANE <input type="checkbox"/>	(Other) Producing <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

March 15, 1991 after the well was fraced and the load was recovered the well was shut in pending the installation of produced water and production facilities.

Jan. 20, 1992 the well was put on production. On Jan 20, 1992 the well produced 57 BOPD plus 244 BWPD.

The new production facilities are located at the well site and the produced water is being used to waterflood the Tamano Bone Springs (BSSC) unit.

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

SIGNED Lynne H. Haines

TITLE Prod. Supt.

DATE 1/21/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____