Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM-014102

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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.)

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APR 05 '89
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Plemons-Angel Oil Company

8. FARM OR LEASE NAME: U. Shugart Queen Ut.

3. ADDRESS OF OPERATOR: P.O. Box 965 Wolfforth TX 79382

9. WELL NO.: # 8

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: NE/4 SE/4 Sec 20 Twp 18-S - Rge 31 E
2310/S 330/E

10. FIELD AND POOL, OR WILDCAT: ~~Shugart~~ North Shugart Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 20 - Twp 18S - Rg 31E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3637 DF

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)			[X]	(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.)*

Plan To Squeeze Queen formation. Test Casing To See if it is ok. Move cable Tool Rig on hole and Clean out and Reperforate Queen and put Back on production. Plan To start Immediately

BUREAU OF LAND MANAGEMENT
RECEIVED
MAR 22 1989
DIST. 6
Carlsbad, New Mexico

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

SIGNED _____ TITLE Partner DATE 3-19-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-4-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.