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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instruction reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: LC-059569 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: N. SHUGART QUEEN UT.

9. WELL NO.: # 4

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 21 - T18S - R31E

12. COUNTY OR PARISH: EDDY

13. STATE: New Mexico

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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Plemons - Angel Oil Company

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

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

SW 1/4 NW 1/4 Sec 21 - T 18S - R 31 E
2310/N 330/W

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3645 DF

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	[X]	(Other)			
(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.)*

Plan to Squeeze Queen formation. Test Casing to see if it is OK. Leave TA until further work can be done on well. Plan to start immediately

BUREAU OF LAND MANAGEMENT
RECEIVED
MAR 22 1989
ROSWELL, NEW MEXICO

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

SIGNED: [signature] TITLE: Partner DATE: 3-19-89

(This space for Federal or State office use)

APPROVED BY: ~~OIL AND GAS MINERAL RESOURCES~~ TITLE: _____ DATE: 4-4-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side