

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

45F

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 (WIW)	AUG 17 1987
2. NAME OF OPERATOR Plemons-Angel Oil Co..	O. C. D.
3. ADDRESS OF OPERATOR 4 Sagebrush Trail Artesia, New Mexico 88210	ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L 2310 feet from the South line, and 330 feet from the west line in 21/18S/31E	
14. PERMIT NO. LC 059569-B	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3644 Gr

5. LEASE DESIGNATION AND SERIAL NO. 91-011582 NM 025778 A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME North Shugart Queen Unit	
8. FARM OR LEASE NAME North Shugart Queen Unit	
9. WELL NO. 7	
10. FIELD AND POOL, OR WILDCAT Shugart Y-SR-Q-GB	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21/18S/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 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) <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	(Other) <input checked="" 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).*

Convert existing injection well to producer from the Queen formation in the following manner:

1. MISU release Pkr and pull Tbg
2. Run Pkr and set at 3110
3. Test Csg to 500psi
4. Release Pkr and poh Tbg
5. Run Seating Nipple and 2" Tbg , land Seating Nipple @3210
6. Install Pumping Equip.

Subject to
Like Approval
by State

RECEIVED
JUL 29 10 50 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED John C. Cangel TITLE Partner DATE 7-20-87

(This space for Federal or State office use)

APPROVED BY Scott C. Adams TITLE Partner DATE 8-14-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side