

UNITED STATES M. O. C. COPY  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN  
(Other Instru  
verse side)  
LICATE  
on reForm approved.  
Budget Bureau No. 42-21424.

## 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 062084
2. NAME OF OPERATOR B. & A. Operating Company. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Fed. Unit: 14 080001 8772
3. ADDRESS OF OPERATOR P.O. Box 136, Lovington, N.M. 88260		7. UNIT AGREEMENT NAME Culwin Queen Unit.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' f/SL - 592' f/WL. Sec.31 Unit 1ttr. 'L'.		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3527 DF.	9. WELL NO. 6
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Shugart: Y-Sp-En-G.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31 18/S 31/E.
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) set B. Plug above Perfs.

(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.)

8 5/3" csg. to 777 w/ 75 sx.

5 1/2" csg. to 3479' w/ 250 sx.

5 1/2" csg. perfs: 3132 - 3170.

Propose:

Set C. I. B. Plug @ 3100'

Set 40' cmt. plug above (on top B.P.)

RECEIVED

FEB 20 1975

FEB 24 1975

FEB 21 1975

U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICOU. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

Plug Back

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

SIGNED D.R. Bell / D.R. Bell TITLE Mgr. Optns. N.M.

DATE 1-25-75

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FURTHER APPROVED, WELL MUST  
TO BENEFICIAL USE OR PLUGGED BY  
OCTOBER 1987 - 1975  
Instructions on Reverse Side