

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029387-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shugart "D"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Shugart (Y, SR, Q, G)

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 30, T-18-S, R-31-E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. PERMIT NO.

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

Unknown

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Treated

(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.) *

1. Clean out fill and scale w/4 3/4" bit & scrapers.

2. Remove sulfate scale across perfs 3426-3784' w/scale converter & 2750 gals acid.

3. Pump scale inhibitor mixture in perfs 3426-3284'.

4. Restored to pumping.

RECEIVED
SEP 1 11 07 AM '83
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

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

SIGNED [Signature]

TITLE District Operations Engineer DATE 8/29/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE [Signature]

SEP 2 1983

*See Instructions on Reverse Side

ROSWELL, N.M. 88203