Form 3160-5 (August 1999)

## *(ED STATES* DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

## N.M. Cons. Division APPROVED OMB NO. 1004-0135 811 S. 1st Street Expires: November 30, 2000 Artocia NIA good lens Seit No.

Artesia, NM 88210-2834

SUNDRY NOTICES	6. If Indian, Allottee or Tribe Name					
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well			*.			
X Oil Well Gas Well Other			8. Well Name and No. Shugart West 30	C Federal		
2. Name of Operator KCS Medallion Resources, Inc.				# - 1 9. API Well No.		
3a. Address	N 74126 E400	3b. Phone No. (in the pye) (918) 491-4037) . ART	argode)	30-015-30533		
7130 South Lewis, Ste. 700 Tulsa, 0 4. Location of Well (Footage, Sec., T., R., M., or Surve		1(310)431-4m0/1 - ARI	ESIA	10. Field and Pool, or Bone Springs	Exploratory Area	
Sec 30, T18S, R31E	, ,			#		
330' FNL & 1750' FWL				11. County or Parish,		
Unit letter "C"				Eddy	NM	
12. CHECK APPROPRI	ATE BOX(ES) TO I	NDICATE NATURE OF NOT		OR OTHER DATA		
TYPE OF SUBMISSION		TYPE	OF ACTION			
X Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
□ s.t	Alter Casing	Fracture Treat	Reclamatio	on U	ell Integrity	
Subsequent Report	Casing Repair	New Construction	X Recomplet	e (	Other	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporari	ly Abandon		
<del></del>	Convert to Injection Plug Back Water Dis			sposal		
following completion of the involved operations. If testing has been completed. Final Abandonment N determined that the final site is ready for final inspection MIRU workover unit. Kill well if Release packer and pull out of he Pick up bit and bottom hole assent Kick off foam unit and clean out second plug at approx. 8286'. Run 2-7/8" tbg to 8255'. Put on production w/unit running	odices shall be filed on needed. ole. mble to clean of sand to top of	ut sand and drill ou cement. Drill up sa	at CIBP @ 8 and and bri	, have been completed,	ean out to	
14. I hereby certify that the foregoing is true and correct		Title				
Name (Printed/Typed) Kaye Alley			Production Technician			
your allow		Date 03/02/01				
THE	SPACE FOR FE	DERAL OR STATE OFF	ICE USE			
Approved by	) `	Title		Date		
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereor	those rights in the su	warrant or Office bject lease	•			

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