

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION *95F*
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
LC059569B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
8919115820

8. Well Name and No.
#2 N. SHUGUART QUEEN UN

9. API Well No.
30-015-05592

10. Field and Pool, or Exploratory Area
NORTH SHUGART QUEEN UN

11. County or Parish, State
EDDY COUNTY NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Gen ~~PLEMONS-ANGEL OIL COMPANY~~

3. Address and Telephone No.

PO BOX 113 LOVINGTON NEW MEXICO 88260 369-5207

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990 fn1 330 FWL SEC 21-T 18- S-R 31 ENMPM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other _____

Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

REPAIR PUMP JACK AND PUT BACK ON PRODUCTION
EFFECTIVE 12-9-94. CHANGE STATUS OF WELL OSI TO
PRODUCING.

RECEIVED

MAR 8 1995

OIL CON. DIV.
DIST. 2

ACCEPTED FOR RECORD
J. Lora
MAR 6 1995
CARLSBAD, NEW MEXICO

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

Signed *[Signature]* Title CO-OWNER Date 1/30/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: