

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U.S. GEOLOGICAL SURVEY
P. O. BOX 1980
HOBBS, NEW MEXICO

LEASE DESIGNATION AND SERIAL NO.

NM-18501

INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

2. NAME OF OPERATOR
Frostman Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Drawer W, Artesia, NM 88211-7522

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FNL 990' FWL

14. PERMIT NO.
30-005-21051

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Walters B Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
SE Chaves Queen Gas Area Assoc.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34 T-13-S R-30-E

12. COUNTY OR PARISH
Chaves

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 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"/>	

Deactivate well

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

17. DEWATERING, PLUGGED 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.)*

This well was put back on production 7/10/92

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Production Clerk DATE 7/15/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

