

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
O. BOX 108
Roswell, NM 88241

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☐	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM 18501
2. NAME OF OPERATOR Bison Petroleum Corporation	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Drawer W, Artesia, NM 88210	8. FARM OR LEASE NAME Walters "B" Federal
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	9. WELL NO. 2
14. PERMIT NO. API 30-005-21051	10. FIELD AND POOL, OR WILDLAT S. E. Chaves Queen Gas Area Assoc.
15. ELEVATIONS (SHOW WHETHER OF, AT, OR, ETC.) 3865 G L	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Section 34 - T13S - R30E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

18. 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 PLANE	☐
(Other) <u>Shot In</u>			

SUBSEQUENT REPORT OF:

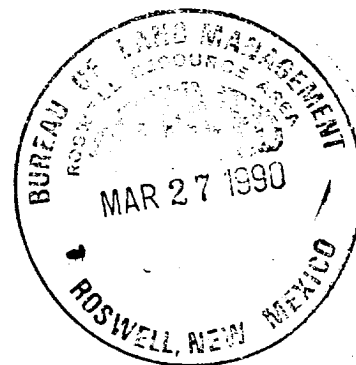
WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Fully state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give surface locations and measured and true vertical depths for all markers and tools pertinent to this work.)

FROSTMAN OIL CORPORATION is in the process of buying this well. We respectfully request that it remain as an Oil Well Shot In for a 12 month period to give us time to evaluate the well. The equipment such as rods, tubing, Xmas tree, flow line have not been removed, only the pumping unit.

Well was shut in on 9/1/86



I hereby certify that the foregoing is true and correct.

SIGNED James H. Smith
(This space for Federal or State office use)

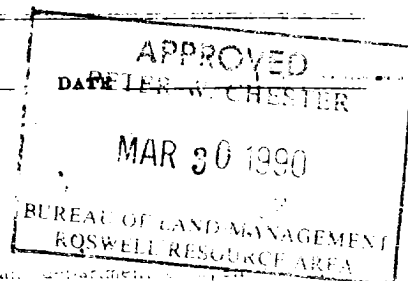
TITLE Agent

DATE 3/26/90

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING MAR 30 1991
*See Instructions on Reverse Side



RECEIVED

APR 8 1999

OCD
HOBBS OFFICE