

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
BUREAU OF LAND MANAGEMENT N.M. OIL CONS. COMMISSION

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-18501

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

(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.)

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

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

Asso

Sec 34 T13S R30E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Bison Petroleum Corporation

3. ADDRESS OF OPERATOR  
5809 S. Western Suite 200 Amarillo, TX 79110

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.  
API #30-005-21051

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

3865 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF  PULL OR ALTER CASING   
FRACTURE TREAT  MULTIPLE COMPLETE   
SHOOT OR ACIDIZE  ABANDON\*   
REPAIR WELL  CHANGE PLANS

WATER SHUT-OFF  REPAIRING WELL   
FRACTURE TREATMENT  ALTERING CASING   
SHOOTING OR ACIDIZING  ABANDONMENT\*

(Other) Shut-In

(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.)

Under the current market conditions the Walters 'B' Federal No. 2 is uneconomical to operate. The well was shut-in on 9-1-86 and will continue to be shut-in until the market situation improves.

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

SIGNED *Peter W. Chester*

TITLE Administrative Secretary DATE 3-2-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED  
DATE PETER W. CHESTER  
MAR 17 1989  
BUREAU OF LAND MANAGEMENT  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED

MAR 21 1989

OCD  
MOBBS OFFICE