

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

Expires August 31, 1985

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. NM-18501	
2. NAME OF OPERATOR Bison Petroleum Corporation		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 5809 S. Western Suite 200 Amarillo, TX 79110		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Walters 'B' Federal	
14. PERMIT NO. API #30-005-21051		9. WELL NO. 2	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3865 GL		10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Shut-In</u>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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 _____

*See Instructions on Reverse Side

DATE	APPROVED
	PETER W. CHESTER
	MAR 17 1989
BUREAU OF LAND MANAGEMENT ROSWELL REGIONAL OFFICE	

RECEIVED

MAR 21 1989

OCD
MOBBS OFFICE