

Form 3160-5  
N. M. DEPARTMENT OF LAND MANAGEMENT  
P. O. BOX 1930  
HOBBS, NEW MEXICO 88240

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved  
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

2. NAME OF OPERATOR  
Bison Petroleum Corporation

3. ADDRESS OF OPERATOR  
5809 S. Western Suite 200 Amarillo, TX 79110-3607

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 DF, RT, GR, etc.)  
3865 GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM-18501

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  
Sec 34 T13S R30E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

Asso

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) _____	

(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.

RECEIVED  
MAR 22 10 34 AM '88  
BUREAU OF LAND MGT  
ROS WELL RESOURCE  
AREA

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Administrative Secretary DATE 3-21-88

(This space for Federal or State office use)

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

MAR 29 1988  
BUREAU OF LAND MANAGEMENT

\*See Instructions on Reverse Side