

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
Form approved.
Budget Budget 1004-0135
BOX 1980
HOBBS, NEW MEXICO 88240
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER WIW	5. LEASE DESIGNATION AND SERIAL NO. LC-064118
2. NAME OF OPERATOR Plains Petroleum Operating Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701	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 Unit P, 1100' FSL & 100' FEL	8. FARM OR LEASE NAME Eva E. Blinebry
14. PERMIT NO.	9. WELL NO. #17
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3248' GR	10. FIELD AND POOL, OR WILDCAT Ingl Mttx 7RVS QN
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 checked="" 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"/>	
(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.)*

Clean out with 1-1/4" coil tubing, acidize perforated interval (3412' 3571') through coil tubing with 5000 gal pentol 200. Flow back. Return to injection. Run injection profile.

RECEIVED
OIL AND GAS
JUL 25 8 50 AM '94

18. I hereby certify that the foregoing is true and correct
Office Mgr/Tech July 22, 1994
SIGNED Bonnie Husband TITLE _____ DATE _____

(This space for Federal or State office use)
APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE PETROLEUM ENGINEER DATE 8/19/94
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 24 1944

OFFICE