

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

(0)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME Todd Lower S A Unit. Sec.25 | |
| 2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY | | 8. FARM OR LEASE NAME | |
| 3. ADDRESS OF OPERATOR 415 W. WALL, SUITE 1000 MIDLAND, TX 79701 | | 9. WELL NO. 7 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter G, 1650' FNL & 1650' FEL | | 10. FIELD AND POOL, OR WILDCAT Todd Lower S A Assoc | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.25, T7S, R35E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4181 GL | | 12. COUNTY OR PARISH Roosevelt | 13. STATE NM |

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 COMPLETION <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" 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"/> | (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.)*

In response to your letter dated Jan. 20, 1994, PPOC plans to plug and abandon this well and requests approval of the following plugging program.

- 1. Set plug across perms 4236'-84' ~~(10-84)~~ ^{+ 4131-4213', cmt. plug 4328'-4081' tag plug.}
- 2. Cut and recover approximately 3500' of 4-1/2" casing. (TOC being 4 1/2" at 3765')
- 3. Set ~~10-84~~ plug at TOC 170' cmt. plug centered on 4 1/2" stub. tag plug.
- * → 4. Set ~~10-84~~ plug at surface csg shoe @ 266'. 264x, 316'-26'. tag plug.
- 5. Set surface plug with marker

API No. 30-041-10072

* additional plug: 170' cmt., 2035'-1915'



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

SIGNED Bonnie Husband TITLE Administrative Assistant DATE Jan. 28, 1994

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

approved as modified

*See Instructions on Reverse Side