

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other instructions
verse side)

M. OIL CONSERVATION COMMISSION
1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
LC 003116
BOX 1980
HOBBS, NEW MEXICO 88240

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	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Plains Petroleum Operating Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701	8. FARM OR LEASE NAME Eva E. Blinebry
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit H, 1420' FNL & 20' FEL	9. WELL NO. #19
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Ingl Mttx (7RVS QN)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3256' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E
	12. COUNTY OR PARISH Lea
	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"/>	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"/>	
(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.)*

Shut-in injection 540 BWPD 1250 psi. Acidize down tubing with 2500 gal 15% NEFE Pentol 200 at 2.2 BPM 1550 psi, PMAX 1710 psi. Flush with produced water to the bottom perf (3565'). Shut-in. Open to tank and flow back. Return to injection.

RECEIVED
 JUL 20 8 43 AM '94
 16 JUL 19 1994

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

(This space for Federal or State office use)
 APPROVED **(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 1994

**ENGINEERING
OFFICE**