

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. M. OIL CONS. COMMISSION  
SUBMIT IN TRIP DATE  
OCT 1 1993  
HOBBS, NEW MEXICO

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

DESIGNATION AND SERIAL NO.

LC-064118

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	
2. NAME OF OPERATOR <b>Plains Petroleum Operating Company</b>		8. FARM OR LEASE NAME <b>E. C. Hill B Federal</b>	
3. ADDRESS OF OPERATOR <b>415 West Wall, Suite 1000, Midland, TX 79701</b>		9. WELL NO. <b>#10</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>Unit M, 985' PSL &amp; 660' FWL</b>		10. FIELD AND POOL, OR WILDCAT <b>Teague Blinebry</b>	
14. PERMIT NO.		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <b>Sec 35, T23S, R37E</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3251' GR</b>		12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>NM</b>

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"/>
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) <input type="checkbox"/>	

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) <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.)\*

09-15-93

Depth 3010'. Ran 10 centralizers, 17 joints 8-5/8" 32# WC50 STC casing, 55 joints 8-5/8" 24# J-55 STC casing, set and cemented at 3008'. Cement w/500 sx Class 'C'. Tail w/100 sx 'C' Neat. Displace w/187 BFW. Circulate 20 sx to pit. Test BOP to 1500 psi, test casing to 1500 psi. Called BLM to witness job, a representative was not present.

ACCEPTED FOR  
*J. Lara*  
OCT 12 1993  
CARLSBAD, NEW MEXICO

RECEIVED  
SEP 21 11 44 AM '93

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

SIGNED

*Dominic P. [Signature]*

TITLE

Area Engineer

DATE

September 16, 1993

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side