

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

N. M. OIL CONS. COMMISSION
PERMIT TO DRILL
Other Instructions
Box 1980

LEASE DESIGNATION AND SERIAL NO.
NM0509201

<p>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.)</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>	
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>7. UNIT AGREEMENT NAME Bluitt San Andres Unit</p>	
<p>2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY</p>		<p>8. FARM OR LEASE NAME</p>	
<p>3. ADDRESS OF OPERATOR 415 W. WALL, SUITE 1000 MIDLAND, TX 79701</p>		<p>9. WELL NO. 18-11</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter K, 1980' FSL & 1980' FWL</p>		<p>10. FIELD AND POOL, OR WILDCAT Bluitt San Andres Assoc.</p>	
<p>14. PERMIT NO. 38 241-22557</p>		<p>15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3986.5 Gr</p>	
		<p>12. COUNTY OR PARISH Roosevelt</p>	<p>13. STATE NM</p>
		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.18, T8S, R38E</p>	

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 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) _____	(Other) _____
(Other) _____	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

Intent to recomplete this SI WIW by setting a CIBP @ 4700' w/2 sx cement and perforate the P₁ San Andres zone from 4589'-4659' (13 holes). Isolate and breakdown each perf with 15% NEFE HCl, swab, put on production.

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

SIGNED Bonnie Husband TITLE Administrative Assistant DATE September 13, 1993

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE SEP 17 1993
BUREAU OF LAND MANAGEMENT
ROOSEVELT RESERVATION

*See Instructions on Reverse Side

RECEIVED

SEP 21 1961

GENERAL
OFFICE