

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Co.  
P.O. Box 1901  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

*SUBMIT IN TRIPLICATE*

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator

PLAINS PETROLEUM OPERATING COMPANY

3. Address and Telephone No.

415 W. WALL, SUITE 1000 MIDLAND, TX 79701 915/683-4434

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

900' FSL & 1650' FWL  
Sec. 35 (N), T23S, R37E

5. Lease Designation and Serial No.  
NM LC034711

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Baylus Cade Federal #8

9. API Well No.

30-025-33740

10. Field and Pool, or Exploratory Area

Teague Blinebry

11. County or Parish, State

LEA, NM

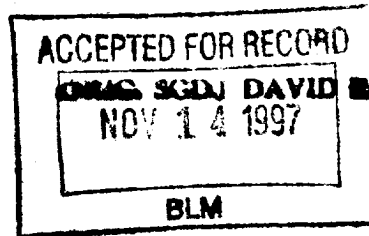
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Put on pump	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

11-10-97 Disassemble plunger lift equipment, ND WH, NU BOP, POOH w/tbg. Start in hole w/pump (2 x 1-1/2 w/16' GA) & rods. Hang on, space out, NU WH, load tbg, leave pumping to battery.



CLASS

RECEIVED

NOV 14 '97

BLM  
ROSWELL, NM

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

Signed Bonnie Husband Title Admin. Assist. Date 11/13/97  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: