

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

N.M. DISCONS. COMMISSION  
P.O. BOX 7980  
HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO.  
C-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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 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. Blinbry
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit G, 1340' FML & 1340' FEL		9. WELL NO. #16
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT SURVEY OR AREA Ingl Mttx (7RVS QN)
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3257' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> 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	(Other) _____	
(Other) _____		(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.) \*

Clean out with 1-1/4" coil tubing, acidize perforated interval (3393' - 3555') through coil tubing with 5000 gal pentol 200. Flow back. Return to injection. Run injection profile.

RECEIVED  
AUG 12 1994  
10 11 22 71 000

18. I hereby certify that the foregoing is true and correct  
 SIGNED Bonnie Husband TITLE Office Mgr/Tech DATE August 11, 1994

(This space for Federal or State office use)  
 APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE PETROLEUM ENGINEER DATE 9/2/94  
 CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side