

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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

5. LEASE 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.)

N.M. OH CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

OIL WELL X GAS WELL OTHER WIW

NAME OF OPERATOR
Plains Petroleum Operating Company

ADDRESS OF OPERATOR
415 West Wall, Suite 1000, Midland, TX 79701

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit P, 1100' FSL & 100' FEL

4. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3248'GR

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Eva E. Blinebry

9. WELL NO.
#17

10. FIELD AND POOL, OR WILDCAT
Ingl Mttx 7RVS QNGB

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T23S, R37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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 checked="" 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.)

7. 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.)*

- 08-12-94 MIRU X-Pert. Wait on reverse pit. ND WH. Flow back to RU pit. NU BOP, packer did not appear to be set. NU JU & POOH w/tbg. SION.
- 08-13-94 Open well to pit & flow down. PU 3-7/8" Varel Mill tooth bit, 6 3-1/8" DC's & 2-3/8" work string. TIH to 3504'; tag up; drill very hard scale & iron sulfide for approx 5'. Wash down & tag junk @ 3568'; circ clean; POOH laying down work string. PU Baker AD-1 & RIH w/same to 3352.80'. RU X-L & circ packer fluid; ND BOP & set pkr; psi test BS. RD X-L; RDSU. Will acidize in a.m. Well left SI.
- 08-14-94 RU NOWSCO; pump 3000 gal Pentol acid in perms 3417' to 3571' @ 2.6 BPM & flush w/18 bbls H₂O; SI for 2 hrs. RD NOWSCO. Total load - 90 bbls.

ACCEPTED FOR RECORD

J. Lane
21 1994

RLSBAD, NEW MEX

I hereby certify that the foregoing is true and correct

SIGNED *Don Mc* TITLE Area Engineer DATE September 20, 1994

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side