

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL COM. COMMISSION
P. O. BOX 1881
HOBBS, NEW MEXICO 88240

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

5. Lease Designation and Serial No.
LC-062529A

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 West Wall, Suite 1000, Midland, Texas 79701 (915) 683-4434

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

1650' FNL & 1650' FEL
Sec 25, T7S, R35E, Unit Letter G

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Todd L San Andres Unit

8. Well Name and No.

Todd Lower SA Unit Sec 25 #7

9. API Well No.

30-041-10072

10. Field and Pool, or Exploratory Area

Todd Lower SA Assoc.

11. County or Parish, State

Roosevelt Co., 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 checked="" 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 type="checkbox"/> Other _____	<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.)*

Federal Unit Agreement #8910195820

07-31-95 Spot 35 sxs 4120'

08-02-95 Squeeze 30 sxs 2035'-1915'
Cut pipe @ 578' & pull 4-1/2" casing
Spot 30 sxs @ 500' WOC & TAG @ 316'
Spot 50 sxs @ 316' WOC & TAG @ 155'

08-03-95 Spot 20 sxs 50' to surface
Set dry hole marker
Circulate 10# Mud

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

Signed Stephen D. Owen

Title Area Engineer

Date September 1, 1995

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

RECEIVED

SEP 10 1945

COMMUNICATIONS
OFFICE