

November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
M. M. OIL CONS. COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-062529A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Todd Lower S A Unit

8. FARM OR LEASE NAME

9. WELL NO.

25-7

10. FIELD AND POOL, OR WILDCAT

Todd Lower S A Assoc.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 25, T7S, R35E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Plains Petroleum Operating Company

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

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

Unit Letter G, 1650' FN & EL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ POLL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANE ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) Casing Integrity

(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.) *

8-2-94 Laid down all production equipment.
Ran CIBP and set @ 4120' w/2 sx cement on top.

8-29-94 Tested casing, did not hold pressure.
Suspect plug did not hold. Will set another
plug and retest within 60 days.

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

SIGNED Stephen D. Owen

TITLE Area Engineer

DATE September 8, 1994

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side