

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OF COPIES REQUIRED
(Other instructions on reverse side)

MD60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back the well.)
Use "APPLICATION FOR PERMIT" for such proposals.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		P. O. BOX 1980 HOBBS, NEW MEXICO 88240		5. LEASE DESIGNATION AND SERIAL NO. NM- LC062529A	
2. NAME OF OPERATOR Plains Petroleum Operating Co.		3a. Area Code & Phone No. (915) 683-4434		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 415 West Wall Street, Suite 2110 Midland, Texas 79701				7. UNIT AGREEMENT NAME Todd Lower San Andres Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter O, 330 FSL & 1650' FEL				8. FARM OR LEASE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether SP, ST, CR, etc.) GL 4154'		9. WELL NO. 15	
				10. FIELD AND POOL, OR WILDCAT Todd Lower San Andres Assoc	
				11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA Sec. 25, T7S, R35E	
				12. COUNTY OR PARISH Roosevelt	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	Convert to WIW	(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.)

Pursuant to approval from BLM, Plains plans to convert this TA well to active WIW for the waterflood development program at the Todd Lower San Andres Unit.

Procedure - Rig up pulling unit, pick up injection tubing and packer, set packer within 100 feet of uppermost P2 zone perforations, load annulus with inert packer fluid and pressure test to 300 psi and hold for 30 minutes.



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

SIGNED Bonnie Hushard TITLE Engineering Tech DATE June 8, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

SUBJECT TO LIKE _____

APPROVAL BY STATE _____

*See Instructions on Reverse Side