

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG 1617

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Plains Petroleum Operating Company

3. Address of Operator
415 W. Wall, Suite 2110, Midland, TX 79701

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 30 Township 7S Range 36E NMPM Roosevelt County

7. Lease Name or Unit Agreement Name Todd Lwr San Andres Unit Sec. 30
8. Well No. 10
9. Pool name or Wildcat Todd Lwr San Andres Assoc

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
KB 4151

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/> <i>SI</i>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-13-90 Pull total 97-1/2 jts (3157') tbg, 16' PR, 6'x6'x4' rod subs, 58 Rods. Left 32 jts tbg, Guiberson TAC, SN PS, BPMA, 110 3/4" rods & pump in hole. ~~TA'd well.~~

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Bonnie Husband TITLE Office Mgr/Tech DATE 9-4-91
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: