

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
(Reverse side)

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		2. NAME OF OPERATOR Plains Petroleum Operating Co.		3. ADDRESS OF OPERATOR 415 West Wall Street, Suite 2110 Midland, Texas 79701		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	
5. PERMIT NO.		6. ELEVATIONS (Show whether SP, RT, CL, etc.) GL 4156'		7. LEASE DESIGNATION AND SERIAL NO. NM- 0139989		8. IF INDIAN, ALLOTTEE OR TRIBE NAME	
9. UNIT AGREEMENT NAME Todd Lower San Andres Unit		10. FARM OR LEASE NAME		11. WELL NO. 3		12. FIELD AND POOL, OR WILDCAT Todd Lower San Andres Assoc	
13. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 30 T7S, R36E		14. COUNTY OR PARISH Roosevelt		15. 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐
(Other) Convert to WIW		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROMISED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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 well to active injection status for the waterflood development program at the Todd Lower San Andres Unit.

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



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

SIGNED <u>Donnie Shuchman</u>	TITLE <u>Engineering Tech</u>	DATE <u>June 8, 1990</u>
(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