

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT BOX 1980

SUBMIT IN TRIPPLICATE
(Other Instructions
v. 1.0) COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS IN MEXICO- 88240

(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	SEP 9 9 41 AM '94	7. UNIT AGREEMENT NAME Bluitt San Andres Unit
2. NAME OF OPERATOR Plains Petroleum Operating Company	BURNING HOT ROCKING HOT	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701		9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter L, 1980' FSL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Bluitt San Andres Assoc.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, T8S, R38E
		12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/> 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.) *

8-1-94 Laid down all production equipment.
Set CIBP @ 4660' w/2 sx cement on top.

8-29-94 Tested casing to 500 psi for 30 minutes, held OK
Chart attached. BLM witnessed.

Request TA status as per PPOC's meeting with Tony Ferguson on 3-21-94
and subsequent letter dated 3-29-94.

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 _____

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 29 1995

*See Instructions on Reverse Side

