

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                         | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM0509201                       |
| 2. NAME OF OPERATOR<br>Plains Petroleum Operating Company                                                                                                                | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |
| 3. ADDRESS OF OPERATOR<br>415 West Wall, Suite 1000, Midland, Texas 79701                                                                                                | 7. UNIT AGREEMENT NAME<br>Bluitt SAN Andres Unit 18                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>Unit L, 1980 FSL & 660 FWL | 8. FARM OR LEASE NAME                                                  |
| 14. PERMIT NO.                                                                                                                                                           | 9. WELL NO.<br>B12                                                     |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.)                                                                                                                           | 10. FIELD AND POOL, OR WILDCAT<br>Bluitt San Andres                    |
|                                                                                                                                                                          | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 18, T8S, R38E |
|                                                                                                                                                                          | 12. COUNTY OR PARISH<br>Roosevelt                                      |
|                                                                                                                                                                          | 13. STATE<br>New Mexico                                                |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                                             |                                          |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                           | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                       | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                    | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>flare/vent gas</u> <input checked="" type="checkbox"/> |                                          |

(Other) ☐

(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.) \*

Gas produced on well is being flared/vented as line pressure on Gas sales pipeline is too high. (Oxy-Bluitt/Lehman)

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

|                                              |                             |                              |
|----------------------------------------------|-----------------------------|------------------------------|
| SIGNED <u>Bonnie Husband</u>                 | TITLE <u>Office Manager</u> | DATE <u>October 23, 1991</u> |
| (This space for Federal or State office use) |                             |                              |
| APPROVED BY _____                            | TITLE _____                 | DATE _____                   |
| CONDITIONS OF APPROVAL, IF ANY:              |                             |                              |

\*See Instructions on Reverse Side