

Form 3160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

5. LEAST DESIGNATION AND SERIAL NO.  
NM044216  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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"/>		7. AGREEMENT NAME Bluttt San Andres Unit	
2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 415 W. WALL, SUITE 1000 MIDLAND, TX 79701		9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  Unit Letter J, 1980' FSL & 1980' FEL API # 30-041-20168		10. FIELD AND POOL, OR WILDCAT Bluttt San Andres Assoc.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T8S, R37E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		<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) Casing Integrity	<input type="checkbox"/>		<input type="checkbox"/>

(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.)

4-4-94 Well had no production equipment, layed down 1 jt tbq.  
Set CIBP @ 4630' w/ 2 sx cement on top

6-27-94 Attempted to test casing to 500 psi, casing did not hold,  
suspect bad CIBP, will attempt to repair within the next 60 days.

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

SIGNED Stephen D. Owen

TITLE Area Engineer

DATE July 7, 1994

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

