

Form 3160-5
November 1983
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COM. JON
HOBBS, NEW MEXICO 88240
Form approved.
Budget: Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

88240M044216

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Bluitt San Andres Unit

8. FARM OR LEASE NAME

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Assoc.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec.13, T8S, R37E

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

PLAINS PETROLEUM OPERATING COMPANY

3. ADDRESS OF OPERATOR

415 W. WALL, SUITE 1000 MIDLAND, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Letter H, 1980' FNL & 660' FEL
API # 30-041-20175

14. PERMIT NO

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCCL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.) *

6-16-94 Layed down all production equipment.
Set CIBP @ 4650' w/ 2 sx cement on top

6-27-94 Tested casing to 500 psi for 30 min, did not hold. Had leak at surface at slip area. Casing was standing full.
BLM was notified, but did not witness.

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 _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTED FOR RECORD
PETER W. CHESTER

JUL 14 1994

BUREAU OF LAND MANAGEMENT
ROOSEVELT

*See Instructions on Reverse Side