| SHART OF OVERATION Plains Petroleum Operating Company 415 Mest Wall, Suite 1000, Midland, Texas 79701 415 Mest Wall, Suite 1000, Midland, Texas 79701 10. FREE AND FOOL, OR WILDOW, See also place it below; See also plac | | 5. LEASE DESIGNATION AND SERIAL NO. |
|--|---|--|
| Observed up this Court of Notice of Section 1 of Section | CLINIDAL MOTICEC AND DEDOCATO ON HORIZO | |
| SALE OF OPERATED Plains Petroleum Operating Company Docation of Principal 415 West Wall, Suite 1000, Midland, Texas 79701 Location of Particles 425 West Wall, Suite 1000, Midland, Texas 79701 Location of Particles Location | DUNDKI NUTICES 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.) | G. IF INDIAN, ALLOTTEE OR TRIBE NAM |
| Plains Petroleum Operating Company ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, Texas 79701 10 Fills No. 1004 110 Fills No. 1004 At surface I below: At surface I below: At surface I below: It surfaces I below: At surface I below: At surface I below: It surfaces I below: At surface I below: It surfaces I below: At surface I below: It surfaces I below: At surface I below: At | WELL WELL OTHER | 7. UNIT AGREEMENT NAME Sec. Bluitt San Andres Un |
| 415 West Wall, Suite 1000, Midland, Texas 79701 Location of with Recombination of Control of Control and State (requirements.) Location of Wall, Recombination of Control and Show whether of Midland, Texas 79701 Location of Wall, Recombination of Control and Show whether of Midland of Con | Plains Petroleum Operating Company | 8. FARM OR LEASE NAME |
| Bluitt San Andres Unit D, 660 FWL & 510 FNL 11. SEC.T. R. M. OB ELEC. ADD 12. COUNTY OF REAL ADD 13. ELEVATIONS Show whether OF, NY, CR. etc.) 12. COUNTY OF REAL ADD 14. ELEVATIONS Show whether OF, NY, CR. etc.) 12. COUNTY OF REAL SET New Mex. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature Indicate Nature Indicate Of Security Indicates Indicate Security Nature Indicates Indicate Indicates Indic | 415 West Wall, Suite 1000, Midland, Texas 79701 | • |
| SCORE OF SELECTION ASSESSED FOR STATE CASING STATE CASING SHOW whether DV. RT. CR. etc.) 12. COUNTY OR FARINE 13. STATE ROSSEVELT New Mex Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data STRENGGENT LENGTL OF INTENTION TO: TEST WATER SECTORY FIGURE COMPLETE SHOOT OF STATES OF INTENTION TO: THE WATER SECTORY FIGURE COMPLETE SHOOT OF STATES OF INTENTION TO A ACTURE CASING SHOOT OF ACCURE TRANSPORT OF A ALTERINO CASING COMPLETE OF RECORDING OF ACCURETY SHOOT OF ACCURETY SHOOT OF ACCURETY SHOOT OF ACCURETY OF THE COMPLETE OF RECORDING | oee also space 11 Delow.) | i e |
| Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Notice of interation to: Scheeder Emport of: Test with shortor of interation to: Test with shortor of interation of | Unit D, 660 FWL & 510 FNL | SURVEY OR AREA |
| Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SECTORY PECLL OR ALTER CASING MATER SECTORY PRACTURE TREATMENT MULTIPLE COMPLETE SECOTING OR ACTORING REPAIR WELL CHANGE PLANS (Other) (Other) CHOPPER SECTOR TREATMENT ALTERING CASING ARABOON' REPAIR WELL CHANGE PLANS (Other) CHOPPER SECTOR TREATMENT ALTERING CASING ARABOON' REPAIR WELL CHANGE PLANS (Other) CHOPPER SECTOR TREATMENT ALTERING CASING ALTERING CASIN | PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| Cas produced on well is being flared/vented as line pressure on Gas sales pipeline is too high. (Oxy-Bluitt/Lehman) Company of the proposed of company of the proposed of the proposed on the proposed of t | Check Appropriate Box To Indicate Nature of Nation Page 1 | |
| TEST WATER SECTOFF PACTURE TREAT PROCTURE TREAT MULTIPLE COMPLETE ARABODY* SHOOT OR ACIDIZE ARABODY* ARABODY* SHOOT OR ACIDIZE ARABODY* CHANCE PLANS (Other) COUNTY: FRACTURE TREATMENT OCCOMPLETED OFFRATIONS (Clearly state all pertinent details, and give pertinent depths for all materia and sones pertinent outling work.)* Gas produced on well is being flared/vented as line pressure on Gas sales pipeline is too high. (Oxy-Bluitt/Lehman) bereby certify that the foregoing is trag and correct GINED Language Arabody is trag and correct TITLE Office Manager DATE OCCODET 23, 199 | NOTICE OF INTENTION TO: | |
| SHOOT OR ACIDIZE ARANGON* SHOOTING OR ACIDIZING (Other) Vent/filare gas ARANGON/ (Nort: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) DASS'RIBE PROPOSED OR COMPLETED OPERATIONS (Clearly State all pertinent details, and give pertinent date. Including estimated date of starring an ment to this work.)* Gas produced on well is being flared/vented as line pressure on Gas sales pipeline is too high. (Oxy-Bluitt/Lehman) Description of Actional Analogous Completion on Well Completion or Recompletion Report and Log form.) Completion or Recompletion Recompletion and give pertinent data in an appropriate to the work. If well is directionally drilled, give subsurface locations and give pertinent data. Including estimated data of starring and measured and true vertical depths for all markers and zones pertinent data. Including estimated data of starring and measured and true vertical depths for all markers and zones pertinent data. Including estimated data of starring and measured and true vertical depths for all markers and zones pertinent data of starring and measured and true vertical depths for all markers and zones pertinent data of starring and measured and true vertical data of starring and completion recompletion recomplet | TEST WATER SHUT-OFF FULL OR ALTER CASING WATER SHUT-OFF | REPAIRING WELL |
| COther) Central Well (Other) Converted on Co | SHOOT OR ACIDIZE ABANDON* SECOTING OR ACIDIZING | ARAYDONYENDA |
| DESCRIBE PROPOSED OR COMPLETED OPERATION (Clearly state all pertinent details, and give pertinent dates including estimated date of starting an 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) bereby certify that the foregoing is true and correct times that the foregoing is true and correct times to the foregoing is true and correct times. TITLE Office Manager DATE | REPAIR WELL CHANGE PLANS (Other) Vent/flat | re gas X |
| proposed where is directionally drilled, give subsurface locations and give pertinent dates, including estimated date of starting an proposed where is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and cones 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) bereby certity that the foregoing is trop and correct igner that the foregoing is trop and correct igner and cones of the control of the co | (Other) (Norm: Report results Completion or Recompl | of multiple completion on Weil |
| hereby certify that the foregoing is trag and correct GIGNED LANNU JUNIANA TITLE Office Manager DATE October 23, 199 | Gas produced on well is being flared/vented as line pressure | on Gas sales pipeline |
| IGNED ENNU SUCTION Office Manager DATE October 23, 199 | is too high (O Pl + /r +) | |
| IGNED Bring Studiend TITLE Office Manager DATE October 23, 199 | του nign. (Uxy-Bluitt/Lehman) | |
| IGNED Bunnu Studiend TITLE Office Manager DATE October 23, 199 | too nign. (Oxy-Bluitt/Lehman) | |
| IGNED Bring Studiend TITLE Office Manager DATE October 23, 199 | -5 του nign. (Uxy-βiuitt/Lehman) | |
| IGNED Bring Studiend TITLE Office Manager DATE October 23, 199 | -5 του nign. (Uxy-Bluitt/Lehman) | |
| IGNED Bunnu Studiend TITLE Office Manager DATE October 23, 199 | το coo nign. (Oxy-Bluitt/Lehman) | |
| IGNED Bunnu Studiend TITLE Office Manager DATE October 23, 199 | το coo mign. (Uxy-Bluitt/Lehman) | |
| October 23, 199 | υν πιgn. (Uxy-Bluitt/Lehman) | |
| October 23, 199 | υχν-βluitt/Lehman) | |
| DATE DATE | S too mign. (Oxy-Bluitt/Lehman) | |
| This space for Federal or State office use; | hereby certify that the foregoing is tray and correct | |
| | hereby certify that the foregoing is true and correct GIGNED LANNU MUNICIPAL TITLE Office Manager | October 23, 199 |

MECENVE.

OCT 2 4 1991

General Consult