

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil  
P.O. Box 1980  
HOB NM 88241

RECEIVED

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
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 reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Bluitt San Andres Unit #14
2. Name of Operator PLAINS PETROLEUM OPERATING COMPANY	9. API Well No. 30-041-20220
3. Address and Telephone No. 415 W. Wall, Suite 1000 Midland, TX 79701 915/683-4434	10. Field and Pool, or Exploratory Area Bluitt San Andres Assoc.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description): N - 660' FSL & 1980' FWL Sec. 13, T8S, R37E	11. County or Parish, State Roosevelt, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

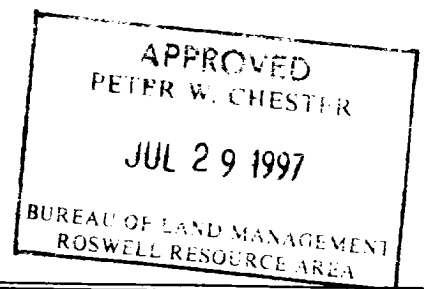
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other casing integrity

13. 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.)\*

7-9-97 Casing Integrity test - JR Hogwood witnessed. Tested casing to 490 psi for 30 mins, held ok. Chart Attached. Please continue TA status of this well. Potential for additional development - enhanced recovery operations still exists. PPOC respectfully requests that the unitization agreement be put in suspense as long as the leases are held by P<sub>1</sub> gas production and until such time as CO<sub>2</sub> flooding becomes economically justifiable.

\* Needs to be addressed separately PRC

TA APPROVED FOR 12 MONTH PERIOD  
ENDING 7/8/98



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

Signed Bonnie Harband

Title Admin. Assist.

Date 7-23-97

(This space for Federal or State office use)

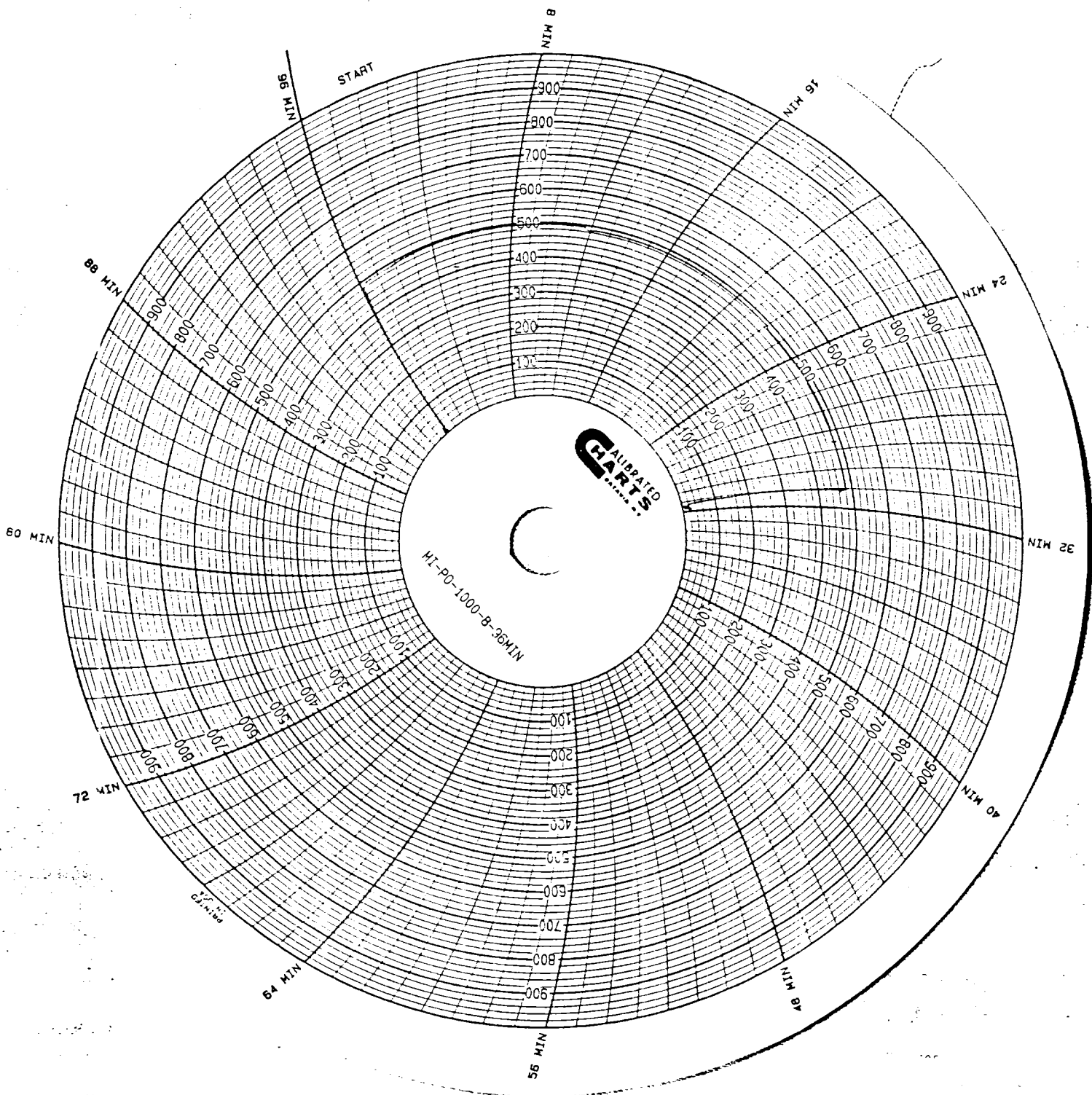
Approved by  
Conditions of approval, if any:

Title

Date

Lease: 7388 643310 Well No. 1314  
 Date of Test: 7-8-97  
 Packer: make \_\_\_\_\_  
 Tubing Pressure: 0 min \_\_\_\_\_ model \_\_\_\_\_  
 Surf. Csg Pressure: 0 min \_\_\_\_\_ 15 min \_\_\_\_\_ depth \_\_\_\_\_  
 Service Company: 6600 lb spring 15 min \_\_\_\_\_ 30 min \_\_\_\_\_  
 Driver/Supervisor: Popl hr chart \_\_\_\_\_  
 Swept Representative: W. H. Dyer 30 min 490  
 RRC Required: Y N 1 1/2 hr clock  
 Witnessed by RRC: Y N

APPROVED  
 PETER W. CHESTER  
 JUL 29 1997  
 BUREAU OF LAND MANAGEMENT  
 ROSWELL RESOURCE AREA



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 1004-0135  
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. NM044216
2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 415 W. WALL, SUITE 1000 MIDLAND, TX 79701	7. UNIT AGREEMENT NAME Bluitt San Andres Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter N, 660' FSL & 1980' FWL API # 30-041-20220	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	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

18. 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"/>	PCLL 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing integrity	
(Other) <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 and 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.) \*

6-15-94 Laid down all production equipment  
Set CIBP @ 4650' w/ 2 sx cement on top

6-27-94 Tested casing to 500 psi for 30 min, held ok  
Chart attached. Test was witnessed by J. R. Hogwood

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 July 7, 1994

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APPROVED  
PETER W. CHESTER

TA APPROVED FOR 12 MONTH PERIOD  
ENDING JUN 27 1995

\*See Instructions on Reverse Side

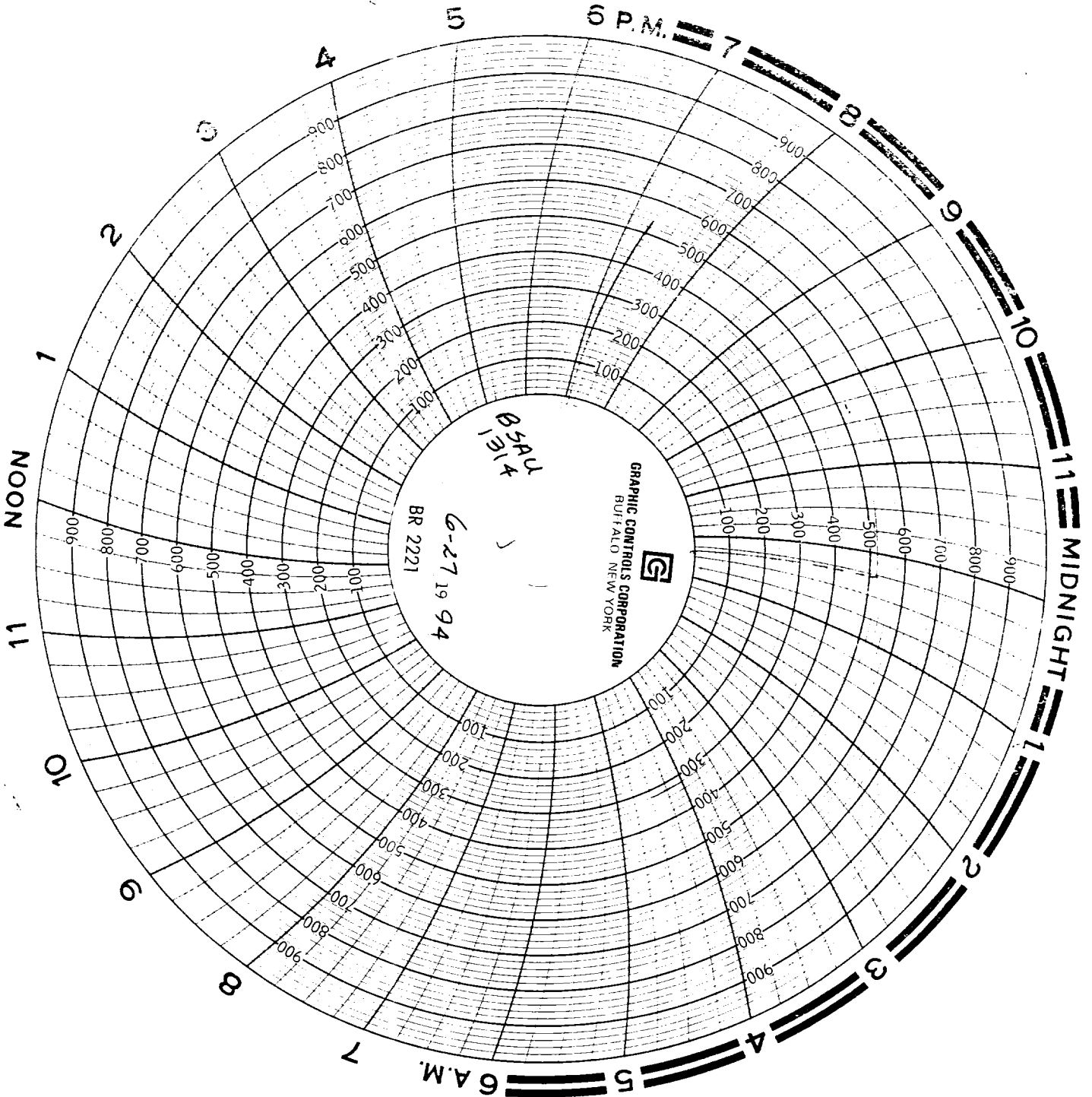
JUL 14 1994

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

RECEIVED

JUL 11 9 18 AM '94

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AREA



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

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.	NM044216
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	Bluitt San Andres Unit Sec.13
8. FARM OR LEASE NAME	
9. WELL NO.	14
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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 N, 660' FSL & 1980' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3992 GL

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"/>	PCLL 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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In response to your letter dated Jan. 20, 1994, PPOC plans to plug and abandon this well and requests approval of the following plugging program.

1. Set plug across perfs 4669'-98' (<sup>16</sup>10' sx) . 140' cmt. plug, PBTD (4715') - 4575'. Tag plug.
2. Cut and recover approximately 3000' of 4-1/2" casing
3. Set ~~10' sx~~ plug across TOC . 130' cmt. plug centered on 4 1/2" steel. Tag plug.
- \* → 4. Set ~~10' sx~~ plug at surface csg shoe @ 294'. 26' sx, 100' cmt. plug 344' - 244'. Tag plug.
5. Set surface plug with marker . Minimum 50' cmt. surface plug.

API No. 30-041-20220

\* additional plug: 120' cmt. plug 2200' - 2030'.

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

SIGNED Bonnie Hubbard

TITLE Administrative Assistant

DATE Jan. 28, 1994

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

approved as modified.

\*See Instructions on Reverse Side