

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
Other Instructions on reverse side

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

5. LEASE 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 ☐ GAS WELL ☐ OTHER ☐ DEC 10 1993

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 O, 660' FSL & 1980' FEL  
API # 3004120437

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Bluitt 13 Federal

9. WELL NO.  
15

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

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, CR, etc.)  
GR 3997'

12. COUNTY OR PARISH 13. STATE  
Roosevelt NM

18. 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)

PCLL 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\*

(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.)

12-03-93 Gas sales pipeline to Warren completed and gas meter installed.

12-04-93 Install methanol injection system.

12-07-93 Repair chemical pump.

12-08-93 SI for pressure buildup. Prep to run 4 point deliverability test.

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

SIGNED

*Bonnie Gustafson*

TITLE

Administrative Assistant

DATE

DEC 11, 1993

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side