

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

NM- 0321281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ WIW		7. UNIT AGREEMENT NAME Todd Lower San Andres Unit ^{Sec 29}	
2. NAME OF OPERATOR Plains Petroleum Operating Co.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 415 West Wall Street, Suite 2110 Midland, Texas 79701		9. WELL NO. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit letter K, 1980' FSL & 1980' FWL		10. FIELD AND POOL, OR WILDCAT Todd Lower San Andres Assoc	
14. PERMIT NO.		11. SEC. T. R. M. OR B.L. AND SURVEY OR AREA Sec. 29, T7S, R36E	
15. ELEVATIONS (Show whether SP, ST, CL, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Convert to Injection</u>	☒

(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.)

6-6-90 WIH w/132 jts 2-3/8" internally plastic coated tbg w/5-1/2" x 2-3/8" AD-1 pkr, set pkr @ 4178'.

7-3-90 Hooked up wellhead injection assembly

8-1-90 Ran pkr integrity test for OCD, ok. Chart taken by representative of OCD.



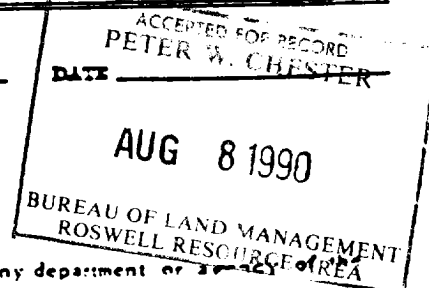
18. I hereby certify that the foregoing is true and correct

SIGNED Bonnie Hustanad TITLE Engineering Tech DATE Aug. 7, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

mP
E