

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
P. O. BOX 1982
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"/>		7. UNIT AGREEMENT NAME Bluitt San Andres Unit	
2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 415 W. WALL, SUITE 1000 MIDLAND, TX 79701		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter B, 660' FNL & 1980' FEL API # 30-041-20851		10. FIELD AND POOL, OR WILDCAT Bluitt San Andres Assoc.	
14. PERMIT NO		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T8S, R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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"/>	PEEL 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 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.)

6-15-94 Laid down all production equipment
Set CIBP @ 4646' 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 Ephraim 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:

TA APPROVED FOR 12 MONTH PERIOD
ENDING JUN 27 1995
*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER
JUL 14 1994
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA