

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
89NM044216

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 415 W. WALL, SUITE 1000 MIDLAND, TX 79701	8. FARM OR LEASE NAME Bluitt Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter F, 1980' FNL & 1980' FWL	9. WELL NO. 13-6
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Bluitt San Andres Assoc.
15. ELEVATIONS (Show whether OF, RT, GR, etc.) GR 4016.3	11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec. 13, T8S, R37E
	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 <input type="checkbox"/>	PULL 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) ☐

(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.)*

Well has been recompleted to the P₁ San Andres zone, a non-unitized depth.

Intent to change well name from Bluitt San Andres Unit Sec. 13, Well #6 to Bluitt Federal, Well #13-6.

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

SIGNED Bonnie Husband

TITLE

Administrative Assistant

Sept. 28, 1993

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
PETER K. FOSTER
DATE 10/7/93

NOV 8 1993

*See Instructions on Reverse Side