

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88401

Budget Bureau No.  
Expires August 31

LEASE DESIGNATION AP  
NM044216

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 type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTT	
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. 406	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) GR 4016.3	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

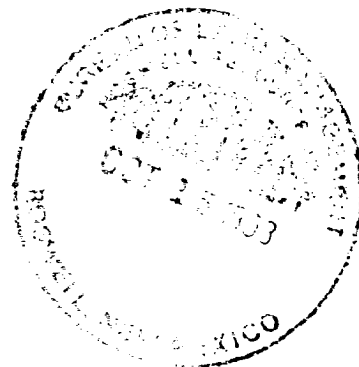
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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 PLANE <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.)	

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.)

9-30-93 Fracture stimulate San Andres P<sub>1</sub> zone as follows: 119 bbl 30# linear gel pad, 48 bbl 30# x-link gel containing 1 ppg 20/40 Brady sd, 48 bbl 30# x-link gel containing 2 ppg 20/40 Brady sd, 48 bbl 30# x-link gel containing 3 ppg 16/30 Brady sd, 48 bbl 30# gel containing 4 ppg 16/30 Brady sd. Flush to btm perf w/32 bbl 30# linear gel. Total 20,000# proppant. Pmax 4250#, Pavg 3700#, Ravg 12 BPM, ISIP 1600#, 5 mins 1300#, 10 mins 1200#. 349 BLTR, SI for gel break.

10-1-93 Open well RU swab unit, RIH w/2" tbg swab. Swab back 56 BLW to tank in 2 hrs, well kicked off flowing.

10-2-93 Well flowing to tank.



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

SIGNED <u>Bruce Hudson</u>	TITLE <u>Administrative Assistant</u>	DATE <u>Oct. 5, 1993</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

PETER W. CHESTER

NOV 8 1993

\*See Instructions on Reverse Side