

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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 ☐ GAS WELL ☐ OTHER ☒ WIW	5. LEASE DESIGNATION AND SERIAL NO. NM 0509201
2. NAME OF OPERATOR PLAINS PETROLEUM OPERATING COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME OIL # 30-041-20854
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 1000, Midland, Texas 79701	7. UNIT AGREEMENT NAME Bluitt San Andres Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K 1980' FSL 1980' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 11
15. ELEVATIONS (Show whether DF, ST, CR, etc.)	10. FIELD AND POOL, OR WILDCAT Bluitt SA Associated
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, T8S, R38E
	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 COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐
(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.)*

Please change your records to reflect the correct API number obtained from the Oil Conservation Division.

30-041-20854

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

SIGNED <u>Bonnie Husband</u>	TITLE <u>Office Mgr./Tech</u>	DATE <u>March 9, 1993</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side