

DEPARTMENT OF THE INTERIOR (BUREAU OF LAND MANAGEMENT) COMMISSION
 BUREAU OF LAND MANAGEMENT BOX 1980

 SUNDRY NOTICES AND REPORTS OFF 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 ☐ <u>WIW</u>		5. LEASE DESIGNATION AND SERIAL NO. NM- 0509201	
2. NAME OF OPERATOR <u>Plains Petroleum Operating Co.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>415 West Wall Street, Suite 2110 Midland, Texas 79701</u>		7. UNIT AGREEMENT NAME <u>Bluitt San Andres Unit Sec.18</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u>		8. FARM OR LEASE NAME	
Unit Letter K 1980' FSL & 1980' FWL		9. WELL NO. <u>11</u>	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <u>Bluitt San Andres Assoc</u>	
15. ELEVATIONS (Show whether SP, RT, CR, etc.) <u>Gr 3986.5'</u>		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 18, T8S, R38E</u>	
12. COUNTY OR PARISH <u>Roosevelt</u>		13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐pkir integrity ☒

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. SKETCHES PROVIDED 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.)

 5-22-90 Ran pkir integrity test. Press csg/tbg annulus to 300 psi, held for 30 mins.
 Installed wellhead injection assembly.


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

SIGNED

Bonnie Husband

TITLE

Engineering Tech

DATE

5-30-90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

 AUG 9 1990
 PETER W. CHESTER

*See Instructions on Reverse Side