

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 064118	
2. NAME OF OPERATOR Plains Petroleum Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 1000, Midland, TX 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1981' FNL & 660' FEL 810 Unit H		8. FARM OR LEASE NAME E. C. Hill 'B' Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3273' DF		10. FIELD AND POOL, OR WILDCAT Teague (Blinebry)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

PLUG OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

1. MIRUWSU. TOH w/ rods and pump. ND WH, NU BOP. Lower 2-3/8" tbg, tag PBTD at 5762'. Strap out of hole.
2. RU WL. Run GR-CBL-CCL f/5300'-3300'. Run GR-PND f/5762'-4763', 3600'-3000', and 2800'-2400'. RIH w/7" CIBP on WL. Set CIBP @5265'. Dmp 5' sx cmt on CIBP.
3. PU 7" Model 'R' Packer on 2-7/8" WS. RIH to 5200'. Set PKR and test CIBP @5265' to 2000 psi. Test Tb-Csg ann. to 2000 psi. If ann. holds 2000 psi, skip to step 6. If csg-tbg ann. leaks, unset PKR, set RBP above CIBP, set PKR, test RBP to 2000 psi, and locate csg leak and establish injection rate.
4. RU service co, establish 1 BPM inj rate and cmt sqz leak using hesitation squeeze method. WOC 24 hrs.
5. DO w/ 6-1/8" bit, 6 x 6-1/8" DC and 2-7/8" WS to top of CIBP. Test sqz to 2000 psi for 30 minutes. If casing will not hold 2000 psi for 30 minutes, repeat steps 4 and 5. TOOH w/ WS, DCs, and bit.
6. RU WL. RIH w/ 4" HSC csg gun w/ 25 select fire and perf L. Paddock. RD WL.

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

Continued on Attachment

SIGNED

Mark A. Hakeberg

TITLE

Petroleum Engineer

DATE

10/16/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10/29/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side