

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICA
(Other instructions on
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-064118

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.)

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR
Plains Petroleum Operating Company

ADDRESS OF OPERATOR
415 West Wall, Suite 1000, Midland, TX 79701

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit B, 840' FNL & 1655' FEL

1. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3275' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
E. C. Hill 'B' Federal

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT
Teague Paddock

11. SEC., T., R., M., OR BLK. AND
SURVEY OF AREA

Sec 34, T23S, R37E

12. COUNTY OR PARISH 13. STATE
Lea NM

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*

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

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 perti-
nent to this work.)*

09-08-94 RU XL, load tubing to 500 psi. Pump 500 gal 15% NEFE down casing. Flush
w/150 BFW. SI 2 hours and pump back. Pump 13 BFW w/ 110 gal scale inhibitor and
flush w/300 BFW. SI 24 hours and pump back.

CEPIL FOR 9/20/94

21 1994

RLSBAD, NEW ME

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Area Engineer

DATE

September 20, 1994

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side