

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate
(Other instructions reverse side)

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Plains Petroleum Operating Company</p> <p>3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701</p> <p>4. 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</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3275'</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC-064118</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME E. C. Hill 'B' Federal</p> <p>9. WELL NO. #3</p> <p>10. FIELD AND POOL, OR WILDCAT Teague (Paddock)</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>
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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"/>	PILL 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 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 PLANS <input type="checkbox"/>	(Other) <u>Recomplete Paddock</u> <input checked="" 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.)*

(CONTINUED FROM PAGE 1)

- 03-23-93 RIH w/tubing swab. Make 5 swab runs in 3 hours. Well kicked off flowing to tank. Left well flowing to tank overnight.
- 03-24-93 RIH w/2" swab. Pull 7 swab runs in 2 hours. Well would not flow fluid. Open well to test battery on 64/64" choke. SDFN.
- 03-25-93 Release packer. Began flowing up tubing. Open BOP. POOH w/tubing & LD packer. RIH w/3" OD "Mother Hubbard" mud anchor assembly, 2-3/8" X 1-3/4" X 18' pump barrel, 5 joints 2-3/8" tubing, 2-3/8" X 4-1/2" TAC, 163 joints 2-3/8" tubing. ND BOP. EOT @ 5166'. Set TAC @ 4962' NU wellhead.

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

SIGNED Mark A. Huberding TITLE Petroleum Engineer DATE March 30, 1993

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side