

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
are available)

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, Texas 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 Unit G, 1980' FNL & 1989' FEL		8. FARM OR LEASE NAME E. C. Hill B Federal	
14. PERMIT NO. 30-025-10949		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3280' DF		10. FIELD AND POOL, OR WILDCAT Teague Blinney Paddock	
		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 type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input 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.) *

- 12-5-91 Set RBP at 5190', Set packer at 4943'.
Acid Frac w/5000 gals 20% XL HCl acid. Drop 30 BS.
Dump 500 gals NEFE HCl acid, 10,000 gals 20% XL HCl acid.
ATP-2000 psi, air-10BPM.
- 12-6-91 Flow to test tank, 10 BO, 64 BW, 4 MCF in 13 hours.
- 12-7-91 Unseat packer & RBP. Pull out of hole with tubing. Run in hole w/BPMA, 4' P.S., SN, 8 joints - 2-7/8" tubing, TAC, 162 joints 2-7/8" tubing. EOT 5272', SN 5236', TAC 4987'. Run in hole with pump & rods. Return well to pumping.
- 12-13-91 Pumped 24 BO, 72 BW, 91 MCF in 24 hours.

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

SIGNED Mark A. Anderson

TITLE Petroleum Engineer

DATE 6/18/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side