

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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.)

SUBMIT IN TRIPI
(Other Instructions)
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
DESIGNATION AND SERIAL NO.
LC-064118

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Plains Petroleum Operating Company	8. FARM OR LEASE NAME E. C. Hill 'D' Federal
3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701	9. WELL NO. #4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A, 990' FNL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Teague Devonian
14. PERMIT NO. 3D-025-10950	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3263' DF	12. COUNTY OR PARISH Lea
	13. STATE NM

18. 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 COMPLETE <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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input 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.) *

Repair HIT, circ corrosion inhibitor and return SI well to production on October 13, 1994.

RECEIVED

OCT 21 11 43 AM '94

CARL AREA

ACCEPTED FOR RE

J. Lara
16 1994

LSBAD, NEW MEXICO

BUREAU OF LAND MGMT.
HOBBS, NM.

OCT 20 8 37 AM '94

RECEIVED

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

SIGNED Darin J. Lara TITLE Area Engineer DATE October 17, 1994

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side