

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved. 30-025 10966
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. 30-025-10966	
2. NAME OF OPERATOR Plains Petroleum Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME LC 064118	
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 Unit M, Sec 35, T23S, R37E 660 FSL and 659.5 FWL		8. FARM OR LEASE NAME Eva E. Blinebry	
12. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7RV QG	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, 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 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"/>		<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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input checked="" 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.)*

11-3-92 Cleaned Junk out of hole to 3561'.
thru
11-6-92

11-7-92 Set 313.42' of Slotted 4-1/2" 11.5#/ft N-80 LT&C Casing at 3564' GL.
Top of Liner at 3250'

11-8-92 Run in hole with 2-3/8" Tbg and 7" x 2-3/8" packer. Set Packer at 3226'.

11-9-92 Acidize with 5000 gals 15% NEFE HCl acid with 2 gals/thousand paralax solvent and 1 gal./thousand friction reducer in 3 stages 500 # salt blocks. Release packer, pull out of hole with tubing. Run in hole with production tubing, pump and rods. Return well to pumping.

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

SIGNED Theresa A. Thibault TITLE Petroleum Engineer DATE 12-1-92

(This space for Federal or State official use)

APPROVED BY David R. Glass TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 04 1992

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