

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1283
HOBBES, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
24-064118

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Plains Petroleum Operating Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701	8. FARM OR LEASE NAME E. C. Hill 'D' Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E, 1980' FNL & 510' FWL	9. WELL NO. #5
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Teague Devonian
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3254' DF	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"/>	

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 40 AM '94
HOBBS, NM
BUREAU OF LAND MGMT.

RECEIVED
OCT 20 8 37 AM '94
BUREAU OF LAND MGMT.
HOBBS, NM.

2 1994

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

SIGNED Doni J. [Signature] 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