

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-10969
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. Federal NM LC064118
Lease Name or Unit Agreement Name E. C. Hill "B" Federal
Well No. 6
Pool name or Wildcat Teague Simpson

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" (FORM C-101) FOR SUCH PROPOSALS.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW <input type="checkbox"/>	
Name of Operator PLAINS PETROLEUM OPERATING COMPANY	
Address of Operator 415 W. WALL, SUITE 1000 MIDLAND, TX 79701	
Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>810</u> Feet From The <u>WEST</u> Line Section <u>35</u> Township <u>23S</u> Range <u>37E</u> NMPM <u>LEA</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3254"	

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: OCD tbg-csg annulus, pkr integrity/pressure test - WIW ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Division Order R-10474-A issued May 7, 1998 "Expansion of Pressure Maintenance Project".
BLM Form 3160-5 submitted 6-30-98 -Subsequent Report of Conversion to Injection

7-2-98 Pressure tested tbg-csg annulus & pkr to 300 psi for 15 mins - witnessed & approved by B. Hill NMOCD field inspector. Chart enclosed.

Commenced injection @ 6:30 PM CDT 7-6-98 @ Rate of 300 BWPD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Husband TITLE Administrative Assistant DATE 07-07-98
TYPE OR PRINT NAME Bonnie Husband TELEPHONE NO. 915/683-4434

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCSN

68