

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 064118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eva Blinebry Federal

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix, 7Rvrs, Qn, GB

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 34, T23S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 ☐ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR

PLAINS PETROLEUM OPERATING COMPANY

3. ADDRESS OF OPERATOR

415 W. Wall, Suite 1000, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Unit G 1340' FNL 1340' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, RT, CR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

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☐  
☐  
☐

PCLL OR ALTER CASING

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☐  
☐  
☐  
☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

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☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
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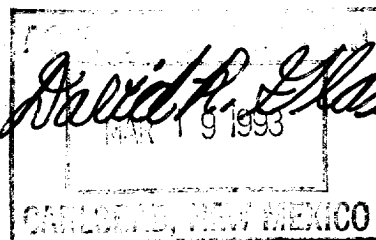
(Other)

(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.)\*

Please change your recordd to reflect the correct API number obtained from the Oil  
Conservation Division.

30-025-21696



CAL  
AREA

MAR 11 10 45 AM '93

RECEIVED

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

SIGNED

*Bonnie Husband*

TITLE Office Mgr./Tech

DATE March 9, 1993

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side