

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
LC-0641118

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	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 Eva E. Blinbrey
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit M, 1300' FSL & 1300' FWL	9. WELL NO. #13
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Ingl Mttx(7RVS QN)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3238' GR	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(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.) *

Clean out with 1-1/4" coil tubing, acidize perforated interval (3418' - 3583') through coil tubing with 5000 gal pentol 200. Flow back. Return to injection. Run injection profile.

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

SIGNED <u>Bonnie Husband</u>	TITLE <u>Office Mgr/Tech</u>	DATE <u>August 11, 1994</u>
(This space for Federal or State official use)		
(ORIG. SGD.) <u>JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>9/2/94</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

SEP - 7 1994

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