

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(Other instructions on  
reverse side)

Form approved.  
Bureau of Land Management  
Expires August 31, 1985  
DESIGNATION AND SERIAL NO.  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> 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. Blinbery
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  Unit E, 1340' FNL & 1200' FWL	9. WELL NO. #15
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Lngl Mttx 7RVS QN
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3254' 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) \*

Clean out with 1-1/4" coil tubing, acidize perforated interval (3436' - 3585') 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  
Office Mgr/Tech  
SIGNED Bonnie Husband TITLE \_\_\_\_\_ DATE July 22, 1994

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE PETROLEUM ENGINEER DATE 8/19/94  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

AUG 27 1944

AC  
JAMES HOBBS  
OFFICE

OFFICE