

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
April 1, 1985

N.M. OIL CONS. COMMISSION
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 | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Plains Petroleum Operating Company | 8. FARM OR LEASE NAME Eva E. Blinbry |
| 3. ADDRESS OF OPERATOR 415 West Wall, Suite 1000, Midland, TX 79701 | 9. WELL NO. #20 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit I, 2520' FSL & 1290' FEL | 10. FIELD AND POOL, OR WILDCAT Ingl Mttx (7RVS QN) |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3268' GR |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E |
| | 12. COUNTY OR PARISH Lea |
| | 13. STATE NM |

18. 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"/> | |

(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.)*

Shut-in injection 540 BWPD 1250 psi. Acidize down tubing with 2500 gal 15% NEFE Pentol 200 at 2.2 BPM 1500 psi, PMAX 1670 psi. Flush with produced water to the bottom perf (3569'). Shut-in. Open to tank and flow back. Return to injection.

I hereby certify that the foregoing is true and correct

| | | |
|--|---------------------------------|---------------------------|
| SIGNED <u>Bonnie Husband</u> | TITLE <u>Office Mgr/Tech</u> | DATE <u>July 22, 1994</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>(ORIG. SGD.) JOE G. LARA</u> | TITLE <u>PETROLEUM ENGINEER</u> | DATE <u>8/19/94</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side

RECEIVED

AUG 24 1964

JUL 22 1964
OFFICE