

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRACATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-064118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back for production.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
MOBES, NEW MEXICO 88240

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. Blinebry
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 Lngl MttX (7RVS QN)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T23S, R37E	12. COUNTY OR PARISH Lea
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3268' GR

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" 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.) \*

07-12-94 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'). Total load 97.5 BBLs. Shut-in for 2 hours. Open to tank and flow back 320 BBLs until fluid is cleaned up. Return to injection 700 BWPD @ 975 psi.

*J. J. J.*

JUL 27 8 40 AM '94  
RECEIVED

18. 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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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AUG 27 1946

OFFICE