Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse 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

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.)

7. UNIT AGREEMENT NAME

OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Plains Petroleum Operating Company

8. FARM OR LEASE NAME
E. C. Hill 'B' Federal

3. ADDRESS OF OPERATOR
415 West Wall, Suite 1000, Midland, TX 79701

9. WELL NO.
#8

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

Unit O, 800' FSL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT
Teague Blinebry

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T23S, R37E

14. PERMIT NO.
30-025-31730

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3253'GR

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	[X]	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.)*

08-29-94 RU XL, Pump 500 gal 15% NEFE down casing. Flush w/150 BFW. SI 2 hours and pump back. Pump 110 gal Tretolite scale inhibitor and flush w/300 BFW down casing. SI 24 hours.

RECEIVED
SEP 21 1994
ROSWELL, NEW MEXICO

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

SIGNED Doris Hall TITLE Area Engineer DATE September 20, 1994

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side