

R1148.2 (d) Notification

User Information

EForm Status

COMPLETED

Date Stored

04/23/2015

Time Stored

6:44 AM

Operator Information

Event ID

2968

Facility ID*

144664

Facility Name*

PLAINS EXPLORATION AND PRODUCTION CO

Operator Name*

FREEMPORT MCMORAN OIL & GAS

Well Information

Well Name /ID*

JEFFERSON 27RD

API Well Number*

04-037-20099

Well Type*

OIL

Well Geographical Coordinates (NAD 83 Format)

Well Latitude*

34.026262

County*

LOS ANGELES

Well Longitude*

-118.296170

Zip Code*

90007

Notification Type

Notification Type*

CANCELLATION

Previous Event ID for Cancellation, Revision Date or Other

2960

Description of Well Activities

Select all that apply. If conducting a series of, or any combination of well production stimulation or treatment activities, identify all types of well production stimulation or treatment activity conducted.

Please click the Add button to the right to enter Well Activities

Add

Well Activity*

WELL REWORK

Acidizing*

Hydraulic Fracturing

Start Date*

04/23/2015

Gravel Packing

Type of Drilling

Maintenance Acidizing

Matrix Acidizing

Acid Fracturing

Other (Please List)

ROUTINE CLEANOUT

* Prior to April 2014, notifications did not distinguish between matrix and maintenance acidizing, and are reported as acidizing.

Nearest Sensitive Receptor Located within 1,500 feet of well

Well Has Sensitive Receptor

Receptor Facility Name

Receptor Type

RESIDENCE

Address

3023 BUDLONG AVE

Receptor Distance to Well in feet

Receiver Distance to Well in Feet

60

City

LOS ANGELES

Zip Code

90007

Certification Statement

Pursuant to SCAQMD Rule 1148.2(d), this form shall be submitted to the District no more than 10 days and no less than 24 hours prior to the start of well drilling, well completion, or well rework. If the start date(s) of subject activities is modified, the owner or operator shall notify the District at least 24 hours prior to the new start date if modified to occur earlier than the original start date, or within 24 hours prior to the original start date if modified to occur after the original start date, or if the original start date is cancelled. By clicking the checkbox below, I certify that I am the duly-authorized person to submit this form. I hereby attest, to the best of my knowledge, that the information contained herein is true, accurate and complete. With regard to information that I do not have personal knowledge of, I hereby attest that I have accurately entered the information contained herein from authorized personnel who represented that the information is true, accurate and complete.

I Agree to the above Certification Statement *