

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(Other Instructions on re-
verse side)

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

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.)		5. LEASE DESIGNATION AND SERIAL NO. NMNM9818	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM OIL CONS COMMISSION Drawer DD Artesia, NM 88210	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME GOVERNMENT S	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME GOVERNMENT S	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 810 FSL 1980 FEL SW-SE		9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT BONE OLD MILLMAN RANCH-SPRINGS		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 3 T20S R28E	
14. PERMIT NO. 300152783900S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270	12. COUNTY OR PARISH EDDY	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notices, 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SET CASING & CEMENT <input checked="" 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 five 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.)*

DRILL 11" HOLE TO 3015', REACHED TD @ 0630HRS CST 2/15/94. RIH W/ 8-5/8" 24-32# K-55 CASING & SET @ 3015'. M&P 1250sx PACESETTER LITE (C) W/ 6% GEL + 5% SALT + 1/4# CELLO-SEAL FOLLOWED BY 200sx CL C W/ 2% CACL, DISPLACE W/ FW, PLUG DOWN @ 1630HRS MST 2/15/94,. BLM NOTIFIED, DUNCAN WHITLOCK WITNESSED. WOC -14HRS, SET SLIPS, CUT OFF CSG, NU BOP & TEST TO 2000#. RIH & DRILL CMT, TEST TO 1500#, HELD OK. DRILL AHEAD. Circ'd. Cmt. SJS



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

SIGNED		TITLE	REGULATORY ANALYST	DATE	3/1/94
(This space for Federal or State office use)					
APPROVED BY		TITLE		DATE	MAR 1994
CONDITIONS OF APPROVAL, IF ANY:					

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.