

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NMNM57221

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal AK

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

East Hess Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 34 T23S R23E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

OXY USA Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 50250

Midland, Tx. RECEIVED

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

660 FNL 1450 FEL Sec 34 (NWNE) T23S R23E

NOV 9 '90

14. PERMIT NO.

30015263730051

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

4336.2'

O. C. D.
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Completion

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

TD - 10300' PBTD - 10254' Morrow Perfs 9978' - 10008'
Well is complete and producing through Servco Pipeline

(See Attachment)

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

SIGNED

David Stewart

TITLE

Operations Manager

DATE

10/31/90

(prepared by David Stewart)

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
NOV 2 11 57 AM '90
OASIS
AND
PERS