

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## SUNDRY NOTICES AND REPORTS ON WELLS

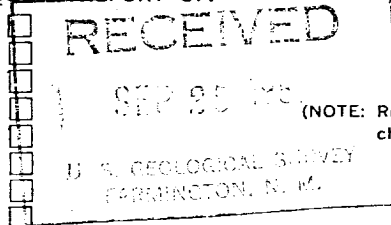
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other
2. NAME OF OPERATOR  
Oxy Petroleum
3. ADDRESS OF OPERATOR  
5000 Stockdale Hwy. Bakersfield, Ca. 93309
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2460'/S & 1510'/W  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

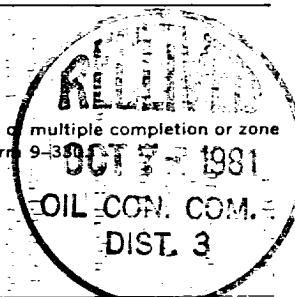
## REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☒  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

## SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



5. LEASE  
Contract #152
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Jicarilla West
9. WELL NO.  
5
10. FIELD OR WILDCAT NAME  
Blanco P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
6-26N-5W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6672

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.)\*

Operator request permission to re-enter the subject well and test for a casing leak. We propose the following:

- (1) Test for casing leak with Packer by pumping water to pressure annulus.
- (2) If a leak is present, use tubing and packer to flow test well and check for formation damage.
- (3) Casing repair may consist of cement squeeze or a "casing patch" set in the 2 7/8" casing. This patch is the type that will seal against the casing wall.

Work will commence immediately on approval of this application.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED John Alexander TITLE Agent DATE 9/23/81

(This space for Federal or State office use)

APPROVED BY John J. Keller TITLE Acting Dist. Super. DATE OCT 6 1981  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOC