

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIP
(Other instructions on
reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. 8910086960 - NM-02053	
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME EAST EUMONT UNIT	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FNL 1652 FEL NWNE		9. WELL NO. 13	
14. PERMIT NO. 05557 300250555600S01		10. FIELD AND POOL, OR WILDCAT EUMONT YATES 7 RVR QN	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691		11. SEC, T, R, M, OR BLK AND SURVEY OR AREA SEC 4 T19S R37E	
		12. COUNTY OR PARISH LEA	13. STATE NM

NEW MEXICO
 1980
 COMMISSIONER OF CONSERVATION
 88240

Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

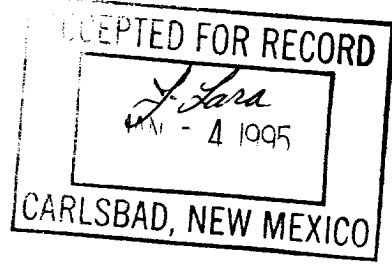
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>RE-ACTIVATE PRODUCER</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		<small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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.)*

TD - 3960' PBDT - 3960' PERFS - 3790' - 3954'

MIRU PU 12/6/93, NUBOP, NDWH. RIH & TAG @ 55', DO & CO TO 3646', TEST CSG, LEAK @ 2093' - 2113'. EIR @ 1BPM @ 1600#, SET CR @ 2090, M&P 100sx CL C CMT, SI WOC. RIH & DO CMT TO 2192', TEST CSG, HELD OK. CO TO 3960'. PERF W/ 2 SPF @ 3790-3811, 16-24, 29-34, 44-50, 58-62, 75-3882' TOTAL 114 HOLES. ACIDIZE W/ 5000gal 15% NEFE HCL ACID. RIH W/ 2-3/8" TBG @ SET @ 3932', NDBOP, NUWH, RDPU 12/31/93. RUPU 2/17/94, RIH W/ 2" X 1-1/2" X 16' BHD PUMP ON 76 RD STR, RDPU. PUT WELL ON TEST 4/20/94.

NMOCD 24HR POTENTIAL TEST - 11/22/94 - 1-BO 1-BW 7-G 7000-GOR 37.1



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

SIGNED [Signature] TITLE REGULATORY ANALYST DATE 12/5/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

RECEIVED

JAN 06 1995

G C D HOBBS
OFFICE