

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS FORM
(Other Instructions on reverse side)

P.O. BOX 1980
NEW MEXICO 88248
Budget Bureau No. 1004-0135
Post Office 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME MYERS LANGLIE MATTIX UNIT	
2. NAME OF OPERATOR OXY USA INC.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		9. WELL NO. 274	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. * See also space 17 below.) At surface 1300 FSL 120 FWL SWSW		10. FIELD AND POOL OR WILDCAT LANGLIE MATTIX 7R Q-G	
		11. SEC, T, R, M, OR BLK AND SURVEY OR AREA SEC 5 T24S R37E	
14. PERMIT NO. 30-025-32567	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3309	12. COUNTY OR PARISH LEA	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) <u>SPUD, SET SUBE CASING & CEMENT</u> <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.)*

MIRU RODRIC #10, SPUDDED 12-1/4" HOLE @ 1230HRS MDT 8/23/94, DRILL TO TD @ 396', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 394'. M&P 260sx CL C W/ 2% CACL2 + 1/4#/sx FLOCELE, DISPLACE W/ FW, PLUG DOWN @ 1900HRS MDT 8/23/94, CIRC 38sx CMT TO PIT, PAT HUTCHINGS W/ BLM WITNESSED, WOC-8HRS. NU BOP & TEST, DRILL OUT & TEST, DRILL AHEAD.

J. Lara
- 4 1994

SEP 0 10 55 AM '94
RECEIVED

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

SIGNED *[Signature]* TITLE REGULATORY ANALYST DATE 9/2/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side