

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | | |
|---|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u> | | 5. Lease Designation and Serial No. <u>NMNM84603X - NM1029489B</u> |
| 2. Name of Operator <u>OXY USA Inc.</u> <u>16696</u> | | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. <u>P.O. Box 50250 Midland, TX 79710-0250</u> <u>915-685-5717</u> | | 7. If Unit or CA, Agreement Designation <u>Central Corbin Queen Unit</u> <u>008587</u> |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>2310 FNL 2310 FEL Sec 4 T18S R33E</u> | | 8. Well Name and No. <u>214</u> |
| | | 9. API Well No. <u>30-025-29700</u> |
| | | 10. Field and Pool, or Exploratory Area <u>013285</u> <u>Corbin Queen, Central</u> |
| | | 11. County or Parish, State <u>Lea NM</u> |

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>Test Tbg - Clean out & Acidize</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

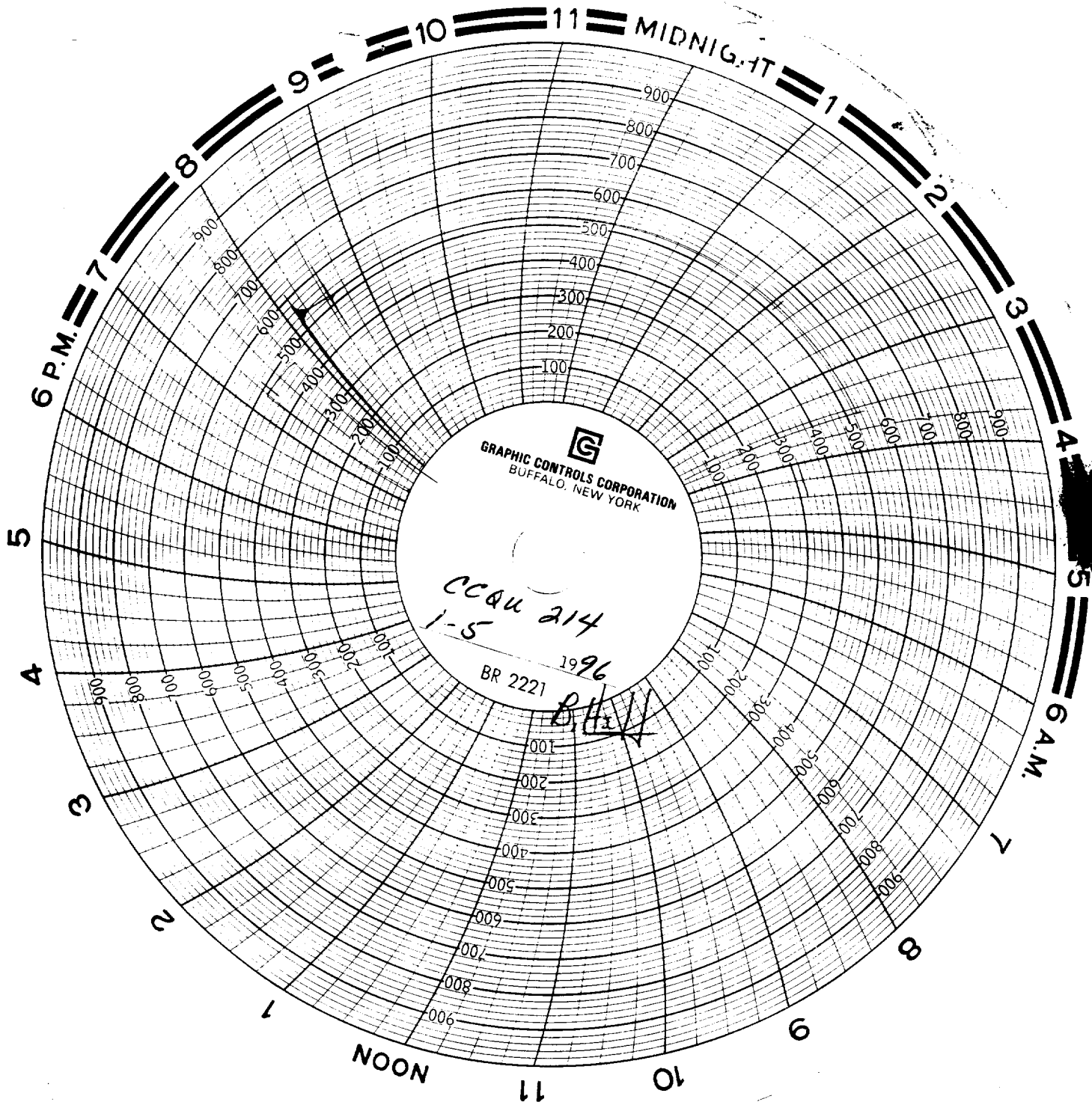
TD - 5000' PBT1 - 4240' Perts 4163-4185'
MIRU PU 11/2/96, NDWH, NUBOP, Rel PKR & POOH. R1H & Tag @ 4091',
CO to 4240, Circ Hole. R1H & set PKR @ 4105', Test CS9 to 600#, OK.
Acidize w/ 3000 gal 15% AS-66 HCl Acid, Max P 3100# ISIP-2250#. Swab
& Flowback 0.80 & 175 BW, POOH. R1H w/ Guib G-6 PKR & 2-7/8" Tbg,
test to 3000#, tested OK. Circ w/ PKR fluid, Set PKR @ 4024', NUBOP
NUWH. Run MIT to 520# for 30 min, held OK. NMOCID Buddy Hill
witnessed, RDPH 1/5/96. Return well to injection.

RECEIVED
 FEB 12 8 22 AM '96
 CANON AREA

14. I hereby certify that the foregoing is true and correct
 Signed David Stewart Title Regulatory Analyst Date 2/9/96

(This space for Federal or State office use)
 Approved by _____ Title _____ Date _____
 Conditions of approval, if any:





GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CCCU 214
1-5

BR 2221 1996

[Signature]

Johny Mann
Sr. Eng Tech

Tsted csg 30 min - OK
NMCC Rep on location
B. Hill

76g - 0#
CSG - 520#
SVRF - 0#

1-5-96
CCAU 214
Integrity Test

