

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

**SUBMIT IN TRIPLICATE\***  
(Other Instructions on reverse side)

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <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. <b>LC-067968</b>	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTION <input checked="" type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>OXY USA INC.</b>		8. FARM OR LEASE NAME <b>W. DOLLARHIDE QN SD UT</b>	
3. ADDRESS OF OPERATOR <b>P.O. BOX 50250 MIDLAND, TX 79710</b>		9. WELL NO. <b>24</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>330 FNL 1650 FEL NW-NE</b>		10. FIELD AND POOL, OR WILDCAT <b>DOLLARHIDE QUEEN</b>	
		11. SEC. T., R., M., OR BLK AND SURVEY OR AREA <b>SEC 31 T24S R38E</b>	
14. PERMIT NO. <b>30-025-12276</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3125</b>	12. COUNTY OR PARISH <b>LEA</b>	13. STATE <b>NM</b>

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)\*

TD - 3890' PBDT - 3836' PERFS - 3571' - 3742'

MIRU PU 4/8/93, NDWH, NUBOP, POOH W/ TBG, FISH PKR @ 3471'. DRILL, MILL & CLEAN OUT TO 3836'. PERF ADD'L INTERVAL @ 3571-80, 3632-38, 3740-3742'. ACIDIZED W/ 1500 GAL 15 % MODIFIED SWIC ACID. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & SET @ 3481', NDBOP, NUWH. PRESS CSG TO 400# -15MIN - HELD OK, TEST WITNESSED BY CHARLIE PERRIN-NMOCD, RDPU 4/22/93. START INJECTING 1450 BWPD @ 750#.

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

SIGNED  TITLE PROD. ACCT. DATE 5/19/93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

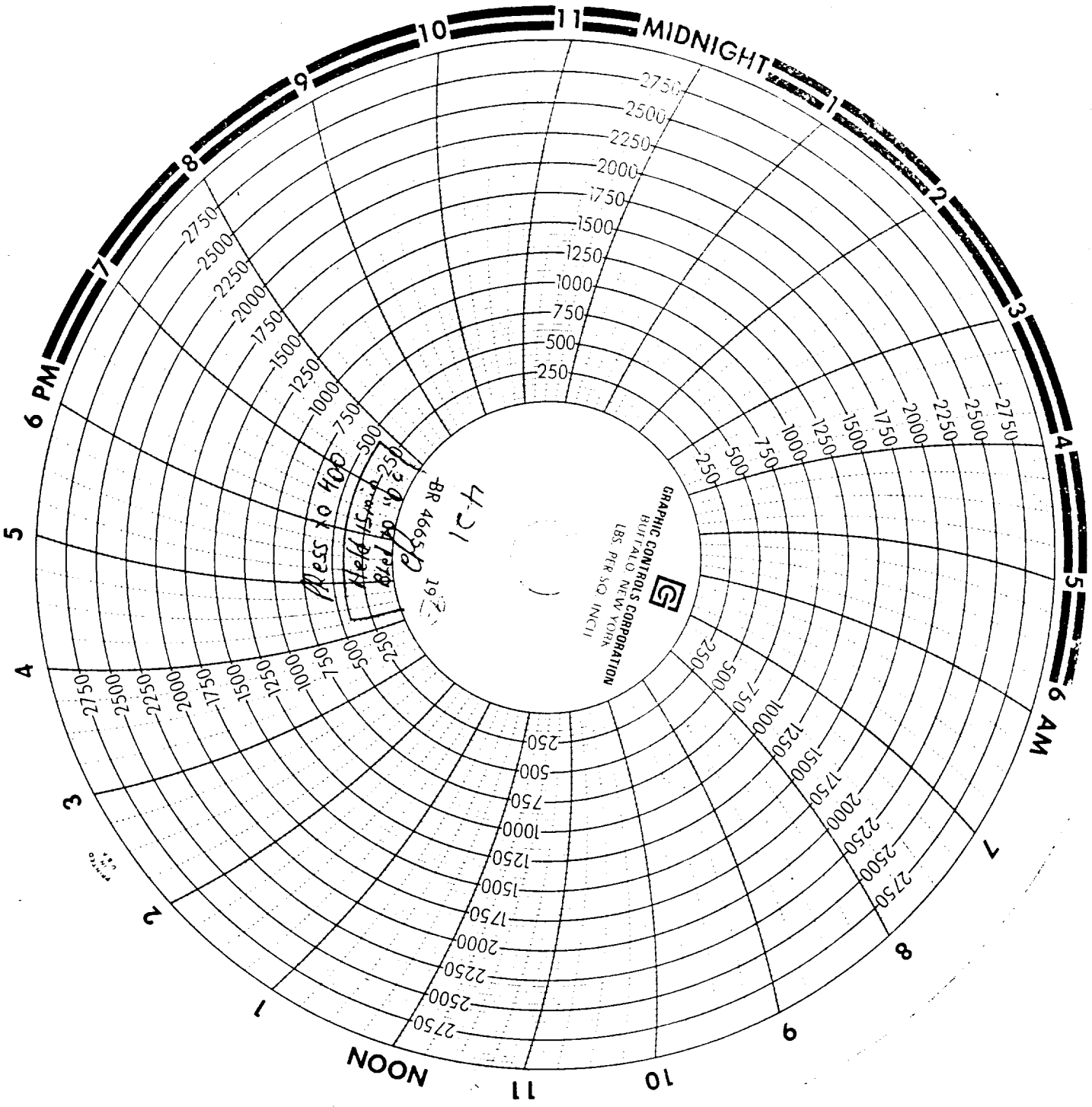
CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

**RECEIVED**

**MAY 20 1993**

**OCD HOBBS OFFICE**



WDOSU #24  
@Xy USA Inc.  
Attd PSI 15 min  
Joe Fleming - Senior Eng  
Tech  
Perrin - NMOC  
Charlotte  
Witnessed

RECEIVED  
OCT 20 1993  
OCD HOBBS OFFICE