

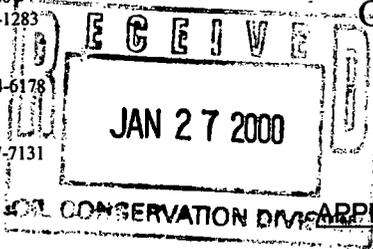
Energy Minerals and Natural Resources Department

Oil Conservation Division

2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

SUBMIT ORIGINAL
PLUS 2 COPIES
TO THE SANTA FE
OFFICE

District I - (505) 393-6161
1625 N. French Dr
Hobbs, NM 88241-1980
District II - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road
Aztec, NM 87410
District IV - (505) 827-7131



APPLICATION FOR NEW WELL STATUS

I. Operator and Well

Operator name & address OXY USA Inc. P.O. Box 50250 Midland, TX 79710-0250							OGRID Number 16696		
Contact Party David Stewart							Phone 915-685-5717		
Property Name OXY Lion Federal					Well Number 1		API Number 30-015- 30761		
UL L	Section 20	Township 18S	Range 29E	Feet From The 1650	North/South Line South	Feet From The 660	East/West Line West	County Eddy	

II. Date/Time Information

Spud Date 11/4/99	Spud Time 2330hrs MST	Date Completed 12/24/99	Pool Undesignated Turkey Track Morrow, North
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- III. Attach copies of Form C-103 or Federal Form 3160-5 showing date/time of drilling commenced and Form C-105 or Federal Form 3160-4 showing well was completed as a producer.
- IV. Attach a list of all working interest owners with their percentage interests.
- V. AFFIDAVIT:

State of TEXAS)
County of MIDLAND) Ss.

David Stewart, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced well.
- To the best of my knowledge, this application is complete and correct.

Signature [Signature] Title Regulatory Analyst Date 1/24/00

SUBSCRIBED AND SWORN TO before me this 24th day of January, 2000.

[Signature]
Notary Public

My Commission expires: 05-05-01

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a New Well. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval.

Signature <u>[Signature]</u>	Title <u>P.E. Speer</u>	Date <u>2-22-00</u>
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 2/23/00

NOTICE: The operator must notify all working interest owners of this New Well certification.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
OMB No 1004-0135
Expires July 31, 1999

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 OXY USA INC. 16696

3a. Address
 P.O. BOX 50250
 MIDLAND, TX 79710-0250

3b. Phone No. (include area code)
 915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1650 FSL 660 FWL NWSW (L) Sec 20 T18S R29E

5. Lease Serial No
 NM0925

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
 OXY Lion Federal #1

9. API Well No.
 30-015-30761

10. Field and Pool, or Exploratory Area
 Unders Turkey Track Morrow, N.

11. County or Parish, State
 EDDY NM

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other Spud, set CSG & cement

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

NOTIFIED BLM 11/4/99 OF SPUD. MIRU FWA-PETERSON #307, SPUD WELL @ 2330hrs MST 11/4/99. DRILL 17-1/2" TO TD @ 420', 9/25/99, PUMP SWEEP. RIH W/ 13-3/8" 48# H40 CSG & SET @ 420'. M&P 175sx 65:35 C/POZ W/ 6% BENTONITE + 2% CaCl₂ + 1/4#/sx CELLOFLAKE FOLLOWED BY 200sx CL C W/ CaCl₂, DISP W/ FW, PLUG DOWN @ 1430hrs MST 11/5/99, CIRC 70sx CMT TO PIT, WOC-6hrs. BLM NOTIFIED & GENE HUNT WITNESSED CMT JOB. CUT OFF CASING, WELD ON STARTING HEAD, TEST TO 500#, OK. NU BOP & CHOKE MANIFOLD, TEST BLIND RAMS, PIPE RAMS, & HYDRIL TO 500#, OK. TOTAL WOC-18hrs, RIH & TAG, DRILL OUT & DRILL AHEAD 11/6/99.

DRILL 11" HOLE TO TD @ 3232' 11/11/99. RIH W/ 8-5/8" 32# K55 CSG & SET @ 3232'. M&P 875sx 65:35 C/POZ W/ 6% BENTONITE FOLLOWED BY 200sx CL C W/ 1% CaCl₂ DISP /FW, PLUG DOWN @ 0915rs MST 11/11/99, CIRC 229sx CMT TO PIT. WOC-6hrs, NU BOP & CHOKE MANIFOLD, TEST BLIND RAMS, PIPE RAMS, CHOKE LINES, CHOKE MANIFOLD AND SAFETY VALVES TO 5000#, OK. TEST HYDRIL TO TEST KILL LINE, MUD LINES, & CASING TO 2500#, BLM NOTIFIED OF CEMENT JOB & BOP TEST, DID NOT WITNESS. RIH & TAG, DO CMT, TEST TO 500#, OK, DRILL AHEAD.

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

Name (Printed/Typed) DAVID STEWART

Signature *David Stewart*

Title REGULATORY ANALYST

Date 11/22/99

ACCEPTED FOR RECORD

NOV 26 1999

BLM

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137
Expires: February 28, 1995

5. LEASE DESIGNATION AND SERIAL NO.

NM 0925

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL NO.

OXY Lion Federal #1

9. API WELL NO.

30-015-30761

10. FIELD AND POOL, OR WILDCAT

Under Turkey Track Morrow, N.

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 20 T1B5 R29E

12. COUNTY OR PARISH
EDDY

13. STATE
NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER REPAIR PLUG BACK DIFF. REPAIR Other _____

2. NAME OF OPERATOR
OXY USA Inc. **16696**

3. ADDRESS AND TELEPHONE NO.
P.O. BOX 50250 MIDLAND, TX 79710-0250 915-685-5717

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1650 FSL 660 FWL NWSW (L)**
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED **9/7/99**

15. DATE SPUDDED **11/4/99** 16. DATE T.D. REACHED **12/2/99** 17. DATE COMPL. (Ready to prod.) **12/24/99** 18. ELEVATIONS (DF, RKB, ST, OR, ETC.)* **3532'** 19. SLEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD **11200'** 21. PLUG BACK T.D., MD & TVD **11131'** 22. IF MULTIPLE COMPL., HOW MANY? _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **R** CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
11045-11055' Morrow 25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
DL/MLL/CZOL/CWL/GRL 27. WAS WELL CORED
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13 3/8" H40	48#	420'	17 1/2"	375sx - Circulated	N/A
8 5/8" K95	32#	3232'	11"	1075sx - Circulated	N/A
4 1/2" N80575	11.6#	11200'	7 7/8"	595sx - TOC - 7832' - CBL	N/A

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8"	11003'	11003'

31. PREPARATION RECORD (Interval, size and number)
4 SPF @ 11045-11055' Total 44 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
12/24/99	Flowing	Producing					
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1/15/00	24	15/64	→	6	2217	0	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
2100		→	6	2217	0		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Sold** TEST WITNESSED BY **G. Womack**

35. LIST OF ATTACHMENTS
3160-5, Deviation Survey, Logs (2 sets)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
DAVID STEWART
REGULATORY ANALYST
SIGNED **David Stewart** TITLE _____ DATE **1/21/00**

*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Bone Springs	6038'	
				Wolfcamp	8590'	
				Penn	9478'	
				Strawn	10012'	
				Atoka	10348'	
				Morrow	10598'	
				Barnett	11066'	
				Chester	11140'	

ATTACHMENT C-142

OXY USA INC.

OXY LION FEDERAL #1

WORKING INTEREST OWNERS

ANDREWS & CORKRAN, LLC	4.37500
CANNON EXPLORATION CO.	5.83334
JO ANN YATES	2.08333
LILLIE M. YATES ESTATE	2.08333
McCOMBS ENERGY, LLC	30.62500
OXY USA INC.	35.00000
RICHARD K. BARR	5.83334
SCOTT E. WILSON	5.83334
SHARBRO OIL LTD. CO.	2.08333
YATES DRILLING CO.	<u>6.25000</u>
	100.0