

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other Instructions
reverse side)

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

45F

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

OXY USA INC.

3. ADDRESS OF OPERATOR

P.O. BOX 50250 MIDLAND, TX 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

510 FNL 1980 FEL NW-NE

NOV 4 '94

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

300152811800S01

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3290

12. COUNTY OR PARISH

EDDY

13. STATE

NM

5. LEASE DESIGNATION AND SERIAL NO.

NMNM9818

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GOVERNMENT S

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

OLD MILLMAN RANCH

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

SEC 3 T20S R28E

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SET CASING & CEMENT

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

DRILL 11" HOLE TO 3020'. RIH W/ 8-5/8" 24-32# K-55 CASING & SET @ 3020'. M&P 1100sx PACESETTER LITE (C) CMT W/ 6% GEL + 5% SALT + 1/4#/sx CELLOFLAKE TAILED W/ 200sx CL C CMT W/ 2% CACL2, DISPLACE W/ FW, PLUG DOWN @ 0900hrs CDT 9/28/94, CIRCULATE 300sx CMT TO PIT, WOC. BLM NOTIFIED BUT DID NOT WITNESS. NU BOP TEST CSG TO 1800# HELD OK, DRILL AHEAD.

2 1994

OCT 19 11 25 AM '94
CARTER
AREA

RECEIVED

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

SIGNED

TITLE

REGULATORY ANALYST

DATE

10/18/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side