

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLES
(Other instructions on reverse side)

Budget Bureau No. P. 304-0135
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.
LC-029489-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER Dry Hole

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

660 FNL 1980 FWL Sec 3 T18S R33E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, AT, GR, etc.)
4041' *SJS*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Corbin B

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Central Corbin Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA
Sec 3 T18S R33E

12. COUNTY OR PARISH 13. STATE
Lea NM

NO WELL FILE FOUND

16. Check Appropriate Box To Indicate Nature of Notice, 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL (Other) <input checked="" type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>

Re-Plug Well

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 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 - 5424' It is proposed to re-plug this well as required by NMOCD Order No.R-9337:

- 1) Drill out all existing cement plugs.
- 2) Set 300' cement plug @ TD and tag plug.
- 3) Set 100' cement plug @ 2775' (top of salt).
- 4) Set 200' cement plug @ 1667' (100' in & out of casing shoe). Tag plug.
- 5) Set 10 sx cement plug @ surface.
- 6) Set dry hole marker.

** use 9.0 mud between plugs*
** Notify BLM-Hobbs (505) 393-3612 prior to plugging.*

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

SIGNED *[Signature]*

TITLE Engineering Advisor

DATE 10/2/91

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 10/23/91

** verbal given to proceed as outlined as per telecon w/S. Gengler, 10/9/91. *See Instructions on Reverse Side*