

**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

**N.M. OIL CONS. COMMISSION**  
LEASE ASSIGNMENT NO. 8910138170 - NM7488  
P.O. BOX 1989  
HOBBS, NEW MEXICO 88240

**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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR OXY USA INC.</p> <p>3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1340 FNL 1030 FWL SWNW</p>		<p>5. LEASE ASSIGNMENT NO. 8910138170 - NM7488</p> <p>6. FEDERAL ALLOTTEE OR TRIBE NAME N.M. OIL CONS. COMMISSION</p> <p>7. UNIT AGREEMENT NAME MYERS LANGLEY MATTIX UNIT</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 271</p> <p>10. FIELD AND POOL, OR WILDCAT LANGLEY MATTIX 7R Q-G</p> <p>11. SEC., T., R., M., OR BLK AND SURVEY OR AREA SEC 5 T24S R37E</p>	
<p>14. PERMIT NO. 30-025-32565</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3304</p>	<p>12. COUNTY OR PARISH LEA</p>	<p>13. STATE NM</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input checked="" type="checkbox"/> SET PROD CASING &amp; CEMENT (Note: Report results of multiple completion on well completion or Recompletion Report and Log form.)</p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input checked="" type="checkbox"/></p>

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 7-7/8" HOLE TO TD @ 3900', 7/12/94, CHC. RIH W/ PDS-CNS-DLS-MLS-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3900'. M&P 800sx CL C W/ 15# SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + .3% HALAD-9, DISPLACE W/ FW, PLUG DOWN @ 2020HRS MDT 7/13/94, CIRC 75sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC-8HRS. REL RIG @ 0030HRS MDT 7/14/94. SI WO COMPLETION UNIT.

*J. Luca*

RECEIVED  
 JUL 27 10 42 AM '94  
 OIL & GAS  
 DIVISION

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

SIGNED *[Signature]* TITLE REGULATORY ANALYST DATE 7/26/94

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

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.