

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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

clsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 14297A
2. NAME OF OPERATOR OXY USA Inc. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 50250, Midland, TX 79710	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NWNE SEC 21 T16S R26E	8. FARM OR LEASE NAME Citco Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3355'	10. FIELD AND POOL, OR WILDCAT Eddy City Und. San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 21 T16S R26E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED

JAN 12 '90

Q. C. D.
ARTESIA, OFFICE

ut. B

430/N 2210/E

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"/>	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 type="checkbox"/>	ABANDONMENT* <input checked="" 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 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-1379' PBD-1366' San Andres-1170'-1264'. This well was Plug & Abandon in the following manner: MIRU PU, RIH & set CIBP @ 1150, dump 3 sx cement on top, new PBD 1107'. RIH w/tbg & circ hole w/ 9.5# mud laden fluid. Spot 7 sx C1 C cem from 1076'-975'. Spot 4 sx C1 C cem. from 60' to surf., POOH, RDPU. Cut off well-head & anchors, install dry hole marker. Witnessed by John Amos-BLM. Job complete 12/28/89.

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED David Stewart

TITLE Operations Mgr. of Production DATE 1-3-90
(prepared by: David Stewart)

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____ DATE 1-10-90

CONDITIONS OF APPROVAL, IF ANY:

Well bore,
Liability under bond maintained until
surface restoration is completed.

*See Instructions on Reverse Side