OXY Liberator Federal #1							
PROPOSED TD: 12400' TVD							
BOP PROGRA	AM: 0' - 800'	None					
	800' - 4500'	13-3/8" 3M annular preventer.					
	4500' - 12400'	11" 5M blind pipe rams with 5M annular preventer and rotating head below 8500'.					
CASING:	Surface: 13-3	3/8" OD 48# H40 ST&C new casing set at 800' 17-1/2" hole					
	Intermediate: 9-5/	'8" OD 36# K55 ST&C new casing from 0-4500' 12-1/4" hole					
	Production: 5-1/	/2" OD 17# N80-S95 LT&C new casing from 0-12400' 8-3/4" hole N80-8800' S95-3600'					
CEMENT :		te cement with 350sx 35:65 POZ/C with 6% Bentonite sx Cello-Seal followed by 200sx Cl C with 2% $CaCl_2$ .					
	Intermediate - Circulate cement with 1050sx 35:65 POZ/C with 6% Bentonite + 2% $CaCl_2$ + .25#/sx Cello-Seal followed by 200sx Cl C with 2% $CaCl_2$ .						
Production - Cement with 565sx 15:61:11 POZ/C/CSE with .5% FL-52 + .5% FL-25 + 8#/sx Gilsonite followed by 100sx Cl C with .7% FL-25. Estimated top of cement is 9000'.							
Note: Cement volumes may need to be adjusted to hole caliper.							
MUD :	0 - 800'	Fresh water/native mud. Lime for pH control (9-10). Paper for seepage. Wt 8.7-9.2 ppg, Vis 32-34 sec					
	800' - 4500'	Fresh/*Brine water. Lime for pH control (10.0- 10.5). Paper for seepage. Wt 8.3-9.0/10.0-10.1ppg, Vis 28-29 sec *Fresh water will be used unless chlorides in the mud system increases to 20000PPM.					
	4500' - 9500'	Fresh water. Lime for pH control(9-9.5). Paper for seepage. Wt 8.3-8.5 ppg, Vis 28-29 sec					
	9500' - 11000'	Cut brine. Lime for pH control (10-10.5). Wt 9.6-10.0 ppg, Vis 28-29sec					
	11000' - 12400'	Mud up with an Due Vis/Flohrol mud system. Wt 9.6-10.0ppg, Vis 32-36sec, WL<10cc					
		500 Sour 22 A 10: 28					
		Contraction of the second s					

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Ari (\$\$i\$, NM \$\$24 (\$\$244 = 438 A)         De not use this form for proposels to drill or to re-enter an anandone with Use Form State of APD (for a cub proposel).         SUDBMY NOTICES AND REPORTS ON WELLS         De not use this form for proposels to drill or to re-enter an anandone with Use Form State of APD (for a cub proposel).         SUBMIT IN TRIPLICATE - Other Instructions on reverse side         I Well Gawwell © Other         Col well © Gawwell © Other       1         Col well © Gawwell © Other       12.         Nume of Operator V       10.         A dates       P.O. 805 50230         13. Addres       P.O. 805 50230         14. Location of Well (Foolege Sec. T. R. M. or Source Discription)       10.         9200 FSL 11400 FEL SESE (P) Sec. 35 TILS R 3[E       10.         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE. REPORT, OR BYTHER DATA         TYPE OF SUBMISSION       10. Addres         13. Note of Lange       Presume         14. Ideation and reverse discription       10.         15. TYPE OF SUBMISSION       10.         16. TYPE OF SUBMISSION       10.         17. TYPE OF SUBMISSION       10.         18. Note of lange       10.         19. Type or defined onloging contrelin ligicuon       10.	Form 3160-5 (November 1994)	UNITED STAT DEPARTMENT OF THI BUREAU OF LAND MA	EINTERIOR		ns. Divisio ORM APPROVED MB No 1004-0135 Expurs July 31, 1991		
	Do not use	this form for proposale	o drill or to so ante-		Ceart-toort		
Loging of Weil Cases weil Ca	abandoned	well. Use Form 3160-3 (A	PD) for such proposi	NS: Terrer States	6. If Indian, Aliottee or Tribe Name		
Oot Weil (Edg. Gag.Weil) Other Name of Operator OXY USA INC. Autor of Operator OXY USA INC. Autor of Operator OXY USA INC. IG A Address P.O., BOX 50250 State of Operator MIDLAND, TX 79710-0250 State of Operator MIDLAND, TX 79710-0250 State of Operator MIDLAND, TX 79710-0250 State of Operator 		RIPLICATE - Other inst	ructions on revers	e side	7. If Unitor CA/Agreement, Name and/or No.		
OXY USA INC.       Description         3a Address       P. O. BOX 50250       3b. Phone No. Included are code?       9. Address       9. Address       9. Address       9. Address       30-015-30-019         4. Locatoo of Well (Footoge, Ser. T. R. M. or Survey Description)       915-685-5717       10. Field and Pool. or Exploratory Area         920 FSL 1140 FEL SESE(P) Sec. 35 T145 R 31E       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         13. Descrite Report       Address       Deepen       Production (StatvResume)       Water Shu-Off         14. In propagad of Completed Operators (Large Plans)       Presture Treat       Reclamation       Well long ny         13. Descrite Propagad of Completed Operators (Large Plans)       Plag and Abandon Temporally Abandon       Competition (StatvResume)       Water Shu-Off         14. In propagad of the involved operators (If the one provide the Book No. on file with BL&MRMA. Sequent).       Ges Size (Counce).       Status of provide difficient during the operator of the involved operators. If the one provide the Book No. on file with BL&MRMA. Sequent).       Ges Size (Counce).         13. Descrite Propagad of the involved operators. If the one provide the Book No. on file with BL&MRMA. Sequent).       Book         14. Interproperator of the involved operators. If the one provide the Book No							
3b. Address       P.O. BOX 50250 MIDLAND, TX 79710-0250       3b. Phone No. functude area code!       30-0425-300719         4. Location of Weil (Foodge, Sc. T. R. M. or Survey Description)       10. Field and Food, or Exploratory Area         9BO F5L 1140 FEL SESE(P) Sec 35 TULS R 31E       10. Field and Food, or Exploratory Area         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE. REPORT, OR 0THER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE. REPORT, OR 0THER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         13. Notice of Inten       Addres         14. Location of the sub defend in the interval of fraction for the substrate data in dependence in the substrate data in the substrate of the substrate of the substrate data in the substrate of the substrate of the substrate data in the substrate of the substrate							
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BBC FSL [I40 FEL SESE(P)       Sec 35 TUS R3[E       11. County or Parish. Save         I2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE. REPORT. OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         II. Nouce of inten       Acduz       Deepen         Subsequent Report       Catag Repar       New Construction       Recompiser         Subsequent Report       Catag Repar       New Construction       Recompiser       Water Shut-Off         Subsequent Report       Catag Repar       New Construction       Recompiser       Water Shut-Off         Subsequent Report       Catag Repar       New Construction       Recompiser       Water Shut-Off         I3. Describe Proposed or Complete Operation clearly state all performed or provide the Book No. on file with BAD do for proposed Water Braid Adpender of and performation provide the Book No. on file with BAD do recompised for final water and and following a do following the add shuth be set intervide. Fraid Adperations. If the operation results in a multiple completion of recompleted. Fraid Adperations. If the operation results in a multiple completion of recompleted. Fraid Adperations. If the operation results in a multiple completion of recompleted. And the operation is a new intervide. Fraid Advertide add and the filed only after all including reclamation. New been completed. And the operation is a new intervide. Add the do the operation is a new intervide. Add the operation is a new	4. Location of Well (Footage, Se	ec., T., R., M., or Survey Descripti	on)	2/1/- 20	10. Field and Pool, or Exploratory Area		
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TYPE OF SUBMISSION       TYPE OF ACTION         Image: Subsequent Report       Actize       Deepen       Production (Siar/Resume)       Water Shut-Off         Image: Subsequent Report       Change Plans       Plag and Abando       Image: Subsequent Report       Image: Subsequent Re	12. CHECK A	PPROPRIATE BOX(ES)	TO INDICATE NATE		LDD1 NM		
Image: Subsequent Report       Acidize       Deepen       Production (Star/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Reclamation       Well Integrity         Subsequent Report       Casing Repair       New Construction       Reclamation       Well Integrity         Subsequent Report       Casing Repair       New Construction       Recomplete       Other Amend Hole St.         Subsequent Report       Casing Repair       New Construction       Recomplete       Other Amend Hole St.         Its proposal is to deepen directionally or mecomplete horizontally or mecomplete horizontal details, including stemated starting date of any proposal work and provising duration there and while the work Will Bright of all performed shall be filed only after all required subgecents reports shall be filed will and the operator results and measured and the vertical depit of all performed shall be filed only after all requirements, including reclamation, have been completed. and the operator is all be filed only after all requirements, including reclamation, have been completed, and the operator is all be filed only after all requirements, including reclamation, have been completed.       JUN 2 3 2000         If the proposal is the foregoing is true and correct       Name (Primed/Typed)       See of their side         If a linerby certify that the foregoing is true and correct       Name (Primed/Typed)       See of their side         If a linerby certify that the foregoing is true and correct       Named (Pr							
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Pinal Abandonment Nouce       Change Plans       Plug and Abandon       Temporarily Abandon       GS Site . Generation         13. Describe Proposed or Completed Operation (clearly state all perturent details, including stimulated auting date of any proposed Work and approximate duration there Atach the Bond under which the work will be performed or provide the Bond No. on fite will be abandon or necompletion of all perturent markers and zoo following completion of the involved operations. If the operation results in a multiple completion of necompletied for all performed or provide the Bond No. on fite will be abandon or necompletion of necompletion of all performs shall be filed only after all requirements, including stimulation in a new interval. a form 31604 shall be filed only after all requirements, including recompletion of mechanisms of any 3604 shall be filed only after all requirements. Including the worke of the work of all performed or provide the Bond No. on file will be abandon the work of the performed or provide the Bond No. on file will be abandon to mechanism of the work of the strain of the operation results in a multiple completion of necompletion of mechanisms of any 3604 shall be filed only after all requirements. Including termanism of the work of the work of the performed or performed or provide the Bond No. on file will be abandon the work of the work of the work of the strain of the operation results in a multiple completion of mechanisms of any approximate duration and maximum of the work of the work of the operation results in a multiple completion of the work of the work of the operation results in a multiple completion of the work of the work of the operation results in a multiple completion of the work of the operation results in a multiple completion of the operation results and the operation results in a multiple completion of the operation results and the operation results and the opera	Subsequent Report	Casing Repair	_	~ `	- wen mieginy		
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Name (Printed/Typed)     DAVID STEWART     Title       Signature     David     REGULATORY ANALYST       Date     6200       THIS SPACE FOR FEDERAL OR STATE OFFICE USE	determined that the site is ready 2 23 24 25 26 2 0 0 ECEIVED 4 PTESIA A EI 2 110168 L9	Avandoomment Notices shall for final inspection.)	be filed only after all requ	rements, including rec	APPROVED PETER W. CHESTER JUN 2 3 2000		
DAVID STEWART     REGULATORY ANALYST       Signature     Date       Line 100 Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"       Signature     Date       THIS SPACE FOR FEDERAL OR STATE OFFICE USE	Name (Printed/Lyped)		Title	······································	aze a RESOURCE AREA		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		D STEWART		REGULATOR	RY ANALYST		
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Approved by		THIS SPACE I	FOR FEDERAL OR ST				
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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. 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 faise, fictuous or fraudulent statements or representations as to any matter within its junsdiction.	which would entitle the applicant to	conduct operations thereon.	e does not warrant or Off Is in the subject lease	ñce			

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