

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

FORM APPROVED  
OMB NO. 1004-0137  
Expires: February 28, 1995

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC 029438A	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. REVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS AND TELEPHONE NO. P.O. BOX 50250 MIDLAND, TX 79710-0250 915-685-5717		8. FARM OR LEASE NAME, WELL NO. Oxy Liberator Federal #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 880 FSL 1140 FEL SESE(C) ... At top prod. interval reported below At total depth		9. API WELL NO. 30-015-30979	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Fren Morrow, NE	
DATE ISSUED 2/22/00		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec 35 T16S R31E	
15. DATE SPUDDED 6/26/00		12. COUNTY OR PARISH EDDY	
16. DATE T.D. REACHED 8/6/00		13. STATE NM	
17. DATE COMPL. (Ready to prod.)		19. ELEV. CASING HEAD 4047'	
20. TOTAL DEPTH, MD & TVD 12535'		23. INTERVALS DRILLED BY ROTARY TOOLS X CABLE TOOLS	
21. PLUG, BACK T.D., MD & TVD		24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*	
22. IF MULTIPLE COMPL., HOW MANY*		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN CZDL-DLL-MLL-CNL-GR		27. WAS WELL CORRED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)	
DATE OF TEST		WELL STATUS (Producing or shut-in) P&H	
HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED DAVID STEWART		TITLE REGULATORY ANALYST	
DATE 8/28/00			

\*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Wolfcamp	8680'	
				Strawn	10240'	
				Atoka	11474'	
				Wornam	11858'	