

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(Other Instructions on re-
verse side)

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-062029 - RNM04Z

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OIL ☐ GAS ☒
WELL WELL OTHER

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 FSL 1980 FEL SWSE

8. FARM OR LEASE NAME

GOVERNMENT AM *Com*

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

N. TURKEY TRACK ATOKA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 33 T18S R29E

14. PERMIT NO.

420152350800S01

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3426

12. COUNTY OR PARISH

EDDY

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

RUN PRESSURE BUILDUP ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

☐

(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 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.)*

TD - 11356'

PBTD - 10965'

PERFS - 10675' - 10680'

SEE OTHER SIDE

RECEIVED
SEP 23 10 25 AM '93
OFFICE OF THE
ATTORNEY GENERAL

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

SIGNED

[Signature]

TITLE

REGULATORY ANALYST

DATE

9/22/93

(This space for Federal or State office use)

APPROVED BY

(OPIC SCD) ICE G LARRE

PETROLEUM ENGINEER

DATE

10/15/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side