

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

OXY USA Inc.

DD-A-7
16696

3. Address and Telephone No.

P.O. Box 50250 Midland, TX 79710-0250

915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SL-2180 FSL 760 FEL NESE (I) Sec 9 T1B5 R29E
BHL-1788 FSL 1849 FEL NWSE (J) Sec 9 T1B5 R29E

5. Lease Designation and Serial No.

LC059954

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

OXY COLT FEDERAL #1

9. API Well No.

30-015-29795

10. Field and Pool, or Exploratory Area

EMPIRE MORROW, South

11. County or Parish, State

Eddy NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other COMPLETION

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

SEE OTHER SIDE

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

Signed

David Stewart

Title

David Stewart
Regulatory Analyst

Date

3/30/98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: