July 1992)	DEI			I) S NI OF I	THE I	NTERI					V -1 /1SL	OMB N	APPROVED NO. 1004-0137 February 28, 1995
													TEE OR TRIBE NAME
WELL COMP	PLETIC			COMP									
1a. TYPE OF WELL:	:	OI WI		GAS WELL	x.		Other				7. UNIT AGRE		NAME Federal
b. TYPE OF COMP							16	578	9 . 11 Sec.		RIIZOI		regeral
WELL	WORK OVER	X DE EN		PLUG BACK		SVR.	Other		_	$\frac{2}{2}$	8. FARM OR L	EASE N	IAME, WELL NO.
2. NAME OF OPERATOR	R			,			14	~	T	5			#2Y
OXY USA WTP L	imited 3	Partne	ership	<u></u>				<u> </u>	1	5		10	
3. ADDRESS AND T	ELEPHONE	NO.					2008 1977 1977	REC	Flien	73	9. API WELL N		27
P.O. Box 5025	<u>50 Midl</u>	and,	<u>TX 7</u>	<u>9710-025</u>	0		<u> </u>	<u>CO</u> 91	5-685-571	7	30-015 10. FIELD ANI		, OR WILDCAT
4. LOCATION OF WELL At surface	. (Report l	ocation c	learly an	d in accordan	ce with an	y State requi	remenus)*			6/	La Hue	rta	Strawn
1880 FSL 1780	FWL NE	SW (K)								\$/	La Hue		
At top prod. interval							1 - S. 1	1.5.4	المراجع محمد المراجع المراجع الم	1	11. SEC., T., R. AND SURV		
At total depth								-					1 <u>S R27E</u>
At total depth					14. PER	MIT NO.		DATE	SSUED		12. COUNTY O PARISH	R	13. STATE
								3/2	/92		Edd	ły	NM
15. DATE SPUDDED	16. DATE	T.D. REA	CHED	17. DATE	COMPL. (R	eady to prod	l.) 18.		ATIONS (DF. RKI	, RT, GR	ETC.)*	19.	ELEV. CASINGHEAD
12/29/91	12/	/31/91		1/2,	/92			319	2'				
20. TOTAL DEPTH, MD 8	& TVD	21. PLU	G, BACK	T.D., MD & TVI	22	. IF MULTIP HOW MAN			23. INTERVA DRILLED		ROTARY T	OOLS	CABLE TOOLS
11742′)381							>			25. WAS DIRECTIONAL
 4. PRODUCING INTERV 10560-10569' - 6. TYPE ELECTRIC AND 	Strawn	10709				<u> </u>						27.)	SURVEY MADE
6. TYPE ELECTRIC AND	DOTHERLO	JS KUN											
NT / N													TAS WEEL CORED
				CAS		DPD (Ren	ort all strings set	t in well	()				
8.	WE	IGHT, LB.	/FT.	CAS DEPTH SET			ort all strings set	t in well		IENT, CE	MENTING RECO		AMOUNT PULLED
8. CASING SIZE/GRADE			/FT.							IENT, CE	MENTING RECO		
8. CASING SIZE/GRADE II	94-1	104#	/FT.	DEPTH SET 394 ′		но	ILE SIZE	- 7	TOP OF CEM	IENT, CE	MENTING RECO		AMOUNT PULLED
EXAMPLE 2 CASING SIZE/GRADE	94-: 48-:	104# 54.5#		DEPTH SET 394' 1654'		но 26" 17-1/2	LE SIZE		TOP OF CEM 780sx 2675sx	IENT, CE	MENTING RECO		AMOUNT PULLED
:8. CASING SIZE/GRADE)" 3-3/8" 5/8"	94- 48- 32-	104# 54.5# 36-40#		DEPTH SET 394' 1654' 3005'		но 26" 17-1/2 12-1/4	LE SIZE		TOP OF CEM 780sx 2675sx 1475sx	IENT, CE	MENTING RECO		AMOUNT PULLED N/A N/A
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28. CASING SIZE/GRADE)" 3-3/8" -5/8" -1/2" 9.	94-1 48-1 32-1 17-1	104# 54.5# 36-40# 20#	LINER	DEPTH SET 394' 1654' 3005' 11742' RECORD	(MD)	но 26" 17-1/2 12-1/4 8-3/4"	LE SIZE 2 II 4 II	MD)	TOP OF CEM 780sx 2675sx 1475sx 1475sx 30. SIZE 2-7/8"		TUBING RE DEPTH SET (M 10462'	DRD CORD ID)	AMOUNT PULLED N/A N/A N/A PACKER SET (MD) 10455'
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*(See Instructions and Spaces for Additional Data on Reverse Side)

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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdicton.

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GEOLOGIC MARKERS	Ē	MEAS. DEPTH		8806'	9945,	10168′	10590'	10822'	11072'	11240'	
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U.S. GOVERNMENT PRINTING OFFICE. 1992-774-672

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SUBMIT IN TR	IPLICATE - Other Insti	ructions on re	verse side	<u>.</u>	Flizzand	- A	Federal
1. Type of Well Oil Well Gas Well	Other		3 ⁰ 4	(1) (1)	8. Well Na		
2. Name of Operator OXY USA WTP Limite	ed Partnership			463	9. API We		
3a. Address P.O. Box 50250 Mic	dland, TX 79710		. (include area code) 35-5717			d Pool,	or Exploratory Area
4. Location of Well (Footage, Sec.		м)	· · · · · · · · · · · · · · · · · · ·		11. County		strawn-Atoka
1880 FSL ITB	O FWL NESW	(K)			Edd		NM
12. CHECK AP	PROPRIATE BOX(ES)	O INDICATE	NATURE OF NO	TICE, RE	EPORT, OF	R OTH	IER DATA
TYPE OF SUBMISSION			TYPE OF ACT	TION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Tre	at 🔲 Recla	action (Start/ Imation	Resume)	Ū v	Vater Shut-Off Vell Integrity Wher Down-Hole
Subsequent Report	Casing Repair	 New Constr Plug and Al 	~	mplete xorarily Aba	ndon		omming le
Final Abandonment Notice	Convert to Injection	Plug Back		r Disposal			-
Attach the Bond under which the following completion of the invi- testing has been completed. Find determined that the site is ready At the request of approval of the do Strawn and La Huer. This work was done completion in the was brought to OXY filed and received Atoka, Order No. Di authorization to do	ctionally or recomplete horizon he work will be performed or proved operations. If the operational Abandonment Notices shall for final inspection.) the MMS (copy atta wn-hole comminglin ta Atoka. 1/92 and the 3160 La Huerta Atoka or 's attention that approval from the HC-861 (copy attac own-hole commingle	ached), OXY ng of the E on results in a mult be filed only after ached), OXY ng of the E 0-4 and 316 nly (copies the Strawn e NMOCD for ched). A 3	on file with BLMB iple completion or rec all requirements, incl lizondo A Fe 0-5 were sub attached). was also pe the down-ho 160-5 was fi	S sundr ederal # mitted After erforate led wit	4/92 sh review ed. At ingling th the B	e re he L owin by t that LM r was	s shall be filed within 30 day orm 3160-4 shall be filed once make the operator has questing the a Huerta g the he NMOCD, it time OXY the Strawn & equesting
14. I hereby certify that the foregoin Name (Printed/Typed)		[Title		Ĺ	-	
	d Stewart		Regula	atory A		CAR TROL	YGUURLEY
Signature	ht -			81	16/01		EUA ANGINEER
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Approved by			Title		ľ	Date	
Conditions of approval. if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rig conduct operations thereon.	this in the subject	icasc				
Title 18 U.S.C. Section 1001, mak fraudulent statements or representat	tes it a crime for any person kni tions as to any matter within its j	owingly and willful urisdiction.	ly to make to any dep	partment or	agency of the	United	I States any false, fictitious or

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IN REPLY REFER TO: FM/RS

United States Department of the Interior

MINERALS MANAGEMENT SERVICE Royalty Management Program P.O. Box 17110 Denver, Colorado 80217-0110

JUL 2 5 2001

MS 357B1

<u>CERTIFIED MAIL</u>--<u>RETURN RECEIPT REQUESTED</u>

Ms. Karen Friday Oxy USA Inc – Permian Team P O Box 27757 Houston, Texas 77227-7757 RE: Control #0865 (F)

ORDER TO REPORT

You are ordered to submit, within 30 days of receipt of this Order to Report (Order), a properly prepared original or amended operation report for each of the report entities and months shown on the enclosed revised schedule. The Minerals Management Service (MMS)/Bureau of Land Management previously requested documentation shown on the enclosed schedule. To date, the documentation has not been received. Please refer to the MMS *PAAS Onshore Oil and Gas Reporter Handbook* or the *PAAS Reporter Handbook - Lease, Facility Measurement, and Gas Plant Operators* for information on how to report. For further assistance, please call your company representative at 800-525-7922, ext. 3110.

Additionally, royalties are due on the production volumes reported on the requested operations report(s) if not already reported and paid. Please refer to the MMS *Oil and Gas Payor Handbook, Volume II*, for information on how to report and pay royalties. You may also call 800-525-0309 for assistance.

You have the right to appeal this Order under 30 CFR 290 (2000). To appeal, send a written notice of appeal within 30 days from the receipt of this Order to:

Chief, Financial Management Minerals Management Service P.O. Box 17110 Denver, Colorado 80217-0110

Ms. Karen Friday

Your appeal must include a written statement to justify modification or cancellation of this Order. Within 30 days from your receipt of this Order, you can file additional statements of reason. Extensions for filing the statements of reason are not permitted unless requested in writing within the 30-day period allowed for filing the appeal. In accordance with 30 CFR 209.109 (2000), you must agree in writing in your request to extend the period in which the Department of the Interior must issue a final decision on your appeal by the amount of time for which you are requesting an extension.

The MMS is authorized by Section 109 of the Federal Oil and Gas Royalty Management Act of 1982 (FOGRMA) and 30 CFR 241.53 (2000), to assess civil penalties of up to \$500 per day for failure or refusal to comply with this Order.

Sincerely,

ones

Louise Jones Reporting Services Team Supervisor

Enclosure

Enclosure

PRODUCTION ACCOUNTING AND AUDITING SYSTEM MISSING MONTHLY REPORTS As of July 20, 2001

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Item	Agreement/	API/Well Status	Comments
	Lease No.		
1	NMNM87894 21: zondo Federal A=Z	300152133700S01 #2Y ABD 300152133700S02 #2Y PGW	Failure to submit completion report/sundry for approval to BLM for commingled wells. March 2001 e-mailed Karen Friday of Oxy notifying of problem with S1 and S2. MMS/BLM database show S1 ABD 1/92 and recompleted to the S2. Oxy stated wells have multiple completions. E-mailed several requests for Oxy to submit documentation on commingling the wells. Oxy never submitted the completion report and sundry for the Strawn and Atoka commingled wells to BLM for approval. Oxy has approval from the Oil Conservation (Order No DHC-861). Need approval from both the BLM and Oil Conservation for commingled wells before Oxy can report. Once approved by BLM, BLM assigns commingled tubing string, i. e. C2 and C3. Please submit a written request to BLM to include the Oil Conservation Order No. DHC-861 along with a completion report, necessary sundries.
2	NMNM0473362 DWU Federal -16	300152880300S01 #6 PGW 300152880300S02 #6B	Failure to submit completion report/sundry for approval to BLM for commingled wells. Commingled with Morrow and Strawn formations. BLM only received a Notice of Intent, which was approved 8/2000. Oxy must submit documentation for approval of commingled wells to BLM. Wells must be approved by both Oil Conservation and BLM before Oxy can report commingled well.

REPORT RETURN FORM

REPORTER NAME: Oxy USA	DOCUMENT PROCESSING STAFF:
REPORTER NO.: X0184	PLEASE SEND THIS FORM TO: Ann Hutchison
RE: CONTROL NO.: 0865	
	REPORTING SERVICES
	(MS-357B1)

DEAR REPORTER:

PLEASE ENCLOSE THIS FORM WITH THE REQUESTED REPORTS.

THIS FORM WILL NOTIFY YOUR MMS

PRODUCTION REPORTING

REPRESENTATIVE THAT YOUR REPORTS

HAVE BEEN RECEIVED.

THANK YOU FOR YOUR COOPERATION

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*See Instructions on Reverse Side

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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 false, fictilious or fradulent statements or representations as to any matter within its jurisdiction.



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Fitle 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

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November 22, 1992

BRUCE KING GOVERNOR

ANITA LOCKWOOD CABINET SECRETARY

OXY USA, Inc. Attention: Scott E. Gengler Box 50250 Midland, TX 79710

POST OFFICE BOX 2088

STATE LAND OFFICE BUILDING

SANTA FE, NEW MEXICO 87504 (505) 827-5800

Administrative Order NSL-649-A

Dear Mr. Gengler:

Reference is made to your application dated August 12, 1992 for a non-standard La Huerta Strawn/Atoka gas well location for your existing Elizando "A" Federal Well No. 2Y which was drilled in 1974 and completed in the Burton Flat-Morrow Gas Pool at a previously approved unorthodox gas well location (Division Administrative Order NSL-649) 1880 feet from the South line and 1780 feet from the West line (Unit K) of Section 21, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico.

It is my understanding that the Morrow interval has been recently plugged back and said well has been recompleted up-hole to both the Undesignated La Huerta-Strawn Gas Pool and Undesignated La Huerta-Atoka Gas Pool, where, pursuant to Division Administrative Order DHC-861, dated September 24, 1992, both gas streams will be downhole commingled.

By authority granted me under the provisions of General Rule 104.F(1), the unorthodox location in both gas zones is hereby approved. Further, the S/2 of said Section 21 shall be dedicated to said well forming a standard 320-acre gas spacing and proration unit for both pools.

The provisions of said Order NSL-649 shall be placed in abeyance until further notice.

Sincerely, William J. LeMay Director

WJL/MES/amg

cc: Oil Conservation Division - Artesia US Bureau of Land Management - Carlsbad File: DHC-861, NSL-649



STATE OF NEW MEXICO



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ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

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BRUCE KING GOVERNOR

ANITA LOCKWOOD CABINET SECRETARY POST OFFICE BOX 2088 STATE LAND OFFICE BUILDING SANTA FE, NEW MEXICO 87504 (505) 827-5800

ADMINISTRATIVE ORDER DHC-861

Oxy USA Inc. Box 50250 Midland, Texas 79710

Attention: Scott E. Gengler

Elizando Federal "A" No. 2-Y Unit K, Section 21, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico. La Huerta Strawn and La Huerta Atoka Gas Pools

Dear Mr. Gengler:

Reference is made to your recent application for an exception to Rule 303-A of the Division Rules and Regulations to permit the subject well to commingle production from both pools in the wellbore.

It appearing that the subject well qualifies for approval for such exception pursuant to the provisions of Rule 303-C, and that reservoir damage or waste will not result from such downhole commingling, and correlative rights will not be violated thereby, you are hereby authorized to commingle the production as described above and any Division Order which authorized the dual completion and required separation of the two zones is hereby placed in abeyance.

In accordance with the provisions of Rule 303-C-4., total commingled oil production from the subject well shall not exceed 80 barrels per day, and total water production shall not exceed 160 barrels per day. The maximum amount of gas which may be produced daily from the well shall be determined by Division Rules and Regulations or by the gas allowable for each respective prorated pool as printed in the Division's Southeast Gas Proration Schedule. Post-it™ brand fax trans

Administrative Order DHC-861 Oxy USA Inc. September 24, 1992 Page 2

25.8

Assignment of allowable to the well and allocation of production from the well shall be on the following basis:

Strawn Pool:	Oil	33%,	Gas	29%
Atoka Pool:	Oil	67%,	Gas	71%

Pursuant to Rule 303-C-5, the commingling authority granted by the order may be rescinded by the Division Director if, in his opinion, conservation is not being best served by such commingling.

Approved at Santa Fe, New Mexico on this 24th day of September, 1992.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION WILLIAM J. LEMA Director

SEAL

xc: Oil Conservation Division - Artesia U.S. BLM - Carlsbad



OXY USA INC. Box 50250, Midland, TX 79710

August 12, 1992

New Mexico Oil Conservation Division P. O. Box 2088, State Land Office Bldg. Santa Fe, New Mexico 87504

Attention: Mr. Michael E. Stogner, Chief Hearing Officer

Re: Application of OXY USA Inc. for Unorthodox Location Approval and Downhole Commingling Authority for the Elizando Federal "A" Lease, Well #2-Y, Section 21, T-21-S, R-27-E, Eddy County, New Mexico.

Dear Mr. Stogner:

OXY USA Inc. respectfully requests administrative approval of an unorthodox location and downhole commingling authority for the referenced well. This well was originally to be drilled at a unorthodox location 1980' FSL & 1780' FWL of Section 21 with a S/2 proration unit. OXY's predecessor sought and received unorthodox location authority for this well at this location (attached letter dated 3-20-74 and NSL-649). We spudded the well at this location encountered difficulty in the drilling operations. but Consequently, the rig was skidded 100' south and the #2-Y well was drilled at 1880' FSL & 1780' FWL. It was completed in the Morrow (now called the Burton Flat Morrow Pool). A search of the NMOCD records and our files yielded an order (NSL-649) that approved the original unorthodox location at 1980' FSL & 1780' FWL, but no NSL order approving the final unorthodox location at 1880' FSL & 1780' FWL. We are not sure that was necessary, since the final location was no closer to the end boundary than the permitted unorthodox location. Nevertheless, OXY requests administrative approval of an unorthodox location for the referenced well at 1880' FSL & 1780' FWL of Section 21, T-21-S, R-27-E. Said well is to be produced in a downhole commingled state from the La Huerta Strawn and the La Huerta Atoka pools. The proration unit will continue to be the S/2 of Section 21.

In addition to the above petition, OXY additionally requests an exception to Rule 303-A to permit the downhole commingling of production from the La Huerta Strawn and the La Huerta Atoka pools in the subject well. Information supporting this request is attached to this letter.

The Elizando Federal A #2-Y was recompleted from the Burton Flat Morrow pool to the La Huerta Atoka and La Huerta Strawn pools and was put on production at the time of the workover. Our interpretation was that both perforated intervals were in the Atoka. After a review by NMOCD Geologist Darryl Moore, it was brought to the attention of OXY USA Inc. that both the Atoka and Strawn had been perforated. While a definitive zone test has not been conducted on the Atoka and Strawn zones separately, based on pressure response, it is believed that the vast majority of the production is from the La Huerta Atoka. Due to the high shut-in pressure associated with the Elizando Federal A #2-Y and the sensitivity of the Atoka formation to water, OXY USA Inc. feels that further wellbore testing and zone isolation would pose unnecessary safety and economic risks.

All ownership in the different zones is the same. By copy of this letter, all operators of offset spacing units are hereby notified of these requests. OXY believes that granting the unorthodox location and downhole commingling authorities is in the interest of conservation and will prevent waste. If you have any need for additional information, please call Richard E. Foppiano at 915/685-5913 or Scott Gengler at 915/685-5825.

Yours truly, 'Eng

Scott E. Gengler Engineering Advisor Western Region - Midland

XC: Offset Operators, Certified Mail Bureau of Land Management

Request for Exemption to Statewide Rule 303-A

Elizando Federal A #2-Y La Huerta Atoka & La Huerta Strawn Pools

Reference: Section D Rule 303

- 1. OXY USA Inc. P.O. Box 50250 Midland, Texas 79710
- 2. Elizando Federal A #2-Y 1880' FSL & 1780' FWL Section 21, T-21-S, R-27-E Eddy County, New Mexico

La Huerta Atoka & La Huerta Strawn Pools

- 3. Plat of Area can be seen in Exhibits A,B, and C.
- 4. Form C-116 for the La Huerta Atoka and La Huerta Strawn can be seen in Exhibits D and E. Test data was estimated based upon pressure response as per item #9 below.
- 5. Natural Completion. Both the Atoka and Strawn were perforated and produced without any stimulation. Based on pressure response following perforating, the Atoka formation is the dominate producing formation.
- 6. Bottomhole pressure for the Atoka and Strawn formations was estimated from the hydrostatic fluid column measured during the workover procedure.

La Huerta Atoka BHP - 4241 psia

La Huerta Strawn BHP - 4188 psia

- 7. The fluids from the two zones have been analyzed and no incompatibilities exist.
- 8. Due to the relatively low BTU content of the gas, there will be no reduction in the value of the commingled gas due to commingling.
- 9. Estimated production based upon pressure response after perforating and log analysis.

Zone	Oil <u>(BOPD)</u>	<u>% 0il</u>	Gas (MCFPD)	<u> </u>	Water <u>(BWPD)</u>
La Huerta Atoka	1.0	67	628	71	0
La Huerta Strawn	0.5	33	257	29	0



10. By copy of this letter via certified mail, the following offset operators and the Bureau of Land Management have been notified.

~~~

L'

<u>Offset Operators</u>

•

Bass Enterprises Production Co. P.O. Box 2760 Midland, TX 79701



Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

DISTRICT | P.O. Box 1980, Hobbs, NM \$8240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

#### State of New Mexico zy, Minerals and Natural Resources Depart

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Form C-102 Revised 1-1-89

I

# **OIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

## WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

|                                                                                |                                                                                |                                                             |                                                                                                             | Lease                                                         |                         |                                     |                                                                                                                                                                                                                                    | Well No.           |              |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
|                                                                                | USA Inc.                                                                       |                                                             |                                                                                                             |                                                               | IZONDO A                | FEDERAL                             |                                                                                                                                                                                                                                    | 29                 |              |
| Unit Letter Sec<br>K                                                           | tice<br>21                                                                     | Township                                                    | 215                                                                                                         | Range                                                         | 27E                     | NMPA                                | County                                                                                                                                                                                                                             | EDDY               |              |
| Actual Footage Location                                                        | of Well:                                                                       |                                                             |                                                                                                             |                                                               |                         |                                     |                                                                                                                                                                                                                                    |                    |              |
| 1880 feet                                                                      |                                                                                | outh                                                        | line and                                                                                                    | 178                                                           | 00                      | feat from                           | the West                                                                                                                                                                                                                           |                    |              |
| Ground level Elev.                                                             | Producing                                                                      | g Formation                                                 |                                                                                                             | Pool                                                          |                         |                                     |                                                                                                                                                                                                                                    | Dedicated Acreege: |              |
| 3192'                                                                          |                                                                                | STRAWN                                                      |                                                                                                             | 1                                                             | HUERTA                  |                                     |                                                                                                                                                                                                                                    | 320 Acre           | \$           |
| 2. If more than<br>3. If more than<br>unitization, 1<br>Yes<br>If answer is "B | one lease is ded<br>one lease of difference pooling, sto<br>of list the owners | licated to the well<br>ferent ownership<br>2.?<br>  No If a | ell by colored per<br>l, outline each and<br>is dedicated to the<br>mawer is "yes" typ<br>ptices which have | l identify the own<br>a well, have the i<br>pe of consolidati | nembip thereof          | (both as to work<br>where been cons | blidated by com                                                                                                                                                                                                                    |                    |              |
| this form if no<br>No allowable v<br>or until a non-4                          | will be assigned t                                                             | to the well until a<br>minating such int                    | ll interests have b<br>crest, has been ap                                                                   | een consolidated<br>proved by the Di                          | (by communit<br>vision. | ization, unitizatio                 | n, forced-poolin                                                                                                                                                                                                                   | g, or otherwise)   |              |
| 1780*-                                                                         |                                                                                | ·                                                           |                                                                                                             |                                                               |                         |                                     | I hereby<br>contained here<br>best of my know<br>Signation<br>Frietod Name<br>SCOTT<br>Positica<br>ENGINE<br>Company<br>OXY US<br>Date<br>4/3/92<br>SURVEY<br>I hereby certif<br>on this plat w<br>actual survey<br>supervison, an |                    | In the shere |
|                                                                                |                                                                                |                                                             |                                                                                                             |                                                               |                         |                                     | Dete Surveyed<br>Signature & Se<br>Professional St                                                                                                                                                                                 | al of              |              |
|                                                                                |                                                                                |                                                             |                                                                                                             |                                                               |                         |                                     | Certificate No.                                                                                                                                                                                                                    |                    |              |
| 0 330 660 990                                                                  | 1320 1650                                                                      | 1980 2310                                                   | 2640 20                                                                                                     | 00 1500                                                       | 1000                    | 500 0                               |                                                                                                                                                                                                                                    |                    |              |



Submit to Appropriate District Offices State Lease - 4 copies Fee Lease - 3 copies

DISTRICT I P.O. Box 1980, Hobba, NM \$8240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

#### State of New Mexico y, Minerals and Natural Resources Depart.

Form C-102 Revised 1-1-89 1

# **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| perator                                       | USA Inc.                                      |                                                      | Leas                 | LIZONDO A        | FEDEDAT              | Well No.                                                                                                                                                                                               |
|-----------------------------------------------|-----------------------------------------------|------------------------------------------------------|----------------------|------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               |                                               | nthip                                                | Range                |                  | FEDERAL              | Cousty                                                                                                                                                                                                 |
| <b>k Letter Sect</b><br>K                     | 21                                            | 215                                                  | ,                    | 27E              | NMPM                 | EDDY                                                                                                                                                                                                   |
| ual Footage Location of                       | ( Wel:                                        |                                                      |                      |                  |                      |                                                                                                                                                                                                        |
| 1880 feet                                     | from the South                                |                                                      |                      | 30               | feet from t          |                                                                                                                                                                                                        |
| und ievel Elev.                               | Producing Form                                |                                                      | Pool                 |                  |                      | Dedicated Acreage:                                                                                                                                                                                     |
| 3192'                                         | ATC                                           |                                                      |                      | HUERTA           |                      | 320 Acres                                                                                                                                                                                              |
| 2. If more than                               | one lesse is dedicated                        | subject well by colored<br>to the well, outline each | and identify the ov  | vaenthip thereof | (both as to working  |                                                                                                                                                                                                        |
|                                               | one lease of different of orce-pooling, etc.? | -                                                    |                      |                  | NJETS DEER CURSOS    | dated by communitization,                                                                                                                                                                              |
| Yes                                           |                                               | If answer is "yes"<br>ract descriptions which h      | ' type of consolidat |                  | a anna aide af       |                                                                                                                                                                                                        |
| this form if acc                              |                                               | act descriptions which i                             |                      |                  |                      |                                                                                                                                                                                                        |
| No allowable w                                | ill be assigned to the w                      | eli until all interests hav                          | e beza consolidate   | d (by communiti  | zation, unitization, | forced-pooling, or otherwise)                                                                                                                                                                          |
| or until a non-si                             | andard unit, eliminatin                       | g such interest, has been                            | approved by the D    | Vision.          | ·                    |                                                                                                                                                                                                        |
| <u>,                                     </u> |                                               |                                                      |                      | 1                |                      | OPERATOR CERTIFICATION                                                                                                                                                                                 |
|                                               | 1                                             |                                                      |                      |                  |                      | I hereby certify that the inform                                                                                                                                                                       |
|                                               | 1                                             |                                                      |                      | ļ                |                      | ntained herein in true and complete to                                                                                                                                                                 |
|                                               | ļ                                             |                                                      |                      | 1                |                      | st of my knowledge and belief.                                                                                                                                                                         |
|                                               | ļ                                             |                                                      |                      | 1                | S                    |                                                                                                                                                                                                        |
|                                               |                                               |                                                      |                      | ļ                |                      | Molta Manas                                                                                                                                                                                            |
|                                               |                                               |                                                      |                      | <b>I</b> .       |                      | isted Name                                                                                                                                                                                             |
|                                               |                                               |                                                      |                      | <br>             |                      | SCOTT GENGLER                                                                                                                                                                                          |
| -                                             |                                               |                                                      |                      | 1                | P                    | eitica                                                                                                                                                                                                 |
|                                               | ļ                                             |                                                      |                      | 1                |                      | ENGINEERING ADVISOR                                                                                                                                                                                    |
|                                               |                                               | с<br>-                                               |                      |                  |                      | OXY USA Inc.                                                                                                                                                                                           |
|                                               |                                               |                                                      |                      | 1                |                      |                                                                                                                                                                                                        |
|                                               | 1                                             |                                                      |                      | İ                |                      | 4/3/92                                                                                                                                                                                                 |
|                                               |                                               |                                                      |                      | <br>             |                      | SURVEYOR CERTIFICATION                                                                                                                                                                                 |
|                                               |                                               |                                                      |                      | 4<br> <br> <br>1 |                      | hereby certify that the well location a<br>a this plat was plotted from field note<br>stual surveys made by me or under<br>spervison, and that the same is true<br>project to the best of my knowledge |
| 1780 ·                                        |                                               |                                                      |                      | ł                |                      | dief.                                                                                                                                                                                                  |
|                                               | 1                                             |                                                      |                      | 1                |                      | •<br>• • • • • • • • • • • • • • • • • • •                                                                                                                                                             |
|                                               |                                               |                                                      |                      |                  |                      | Date Surveyed                                                                                                                                                                                          |
|                                               |                                               |                                                      |                      |                  |                      | ignature & Seal of<br>rofessional Surveyor                                                                                                                                                             |
|                                               | 1880'                                         |                                                      |                      |                  |                      | Certificate No.                                                                                                                                                                                        |
| 338 660 990                                   | 1320 1650 1990                                | 2310 2640                                            | 2000 1500            | 1000             | 500                  |                                                                                                                                                                                                        |

Submit 2 copies to Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980,Hobbs,NM 88240 <u>DISTRICT 11</u> P.O. Drawer DD,Artesia,NM 88210 <u>DISTRICT 111</u>

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-116 Revised 1/1/89

•

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

|                                                                                       |           |               |          |         |        | GAS - OIL RATIO TEST | OIL     | RATIC.     | TEST      |                  |                                                         |            |                     |              |            |           |
|---------------------------------------------------------------------------------------|-----------|---------------|----------|---------|--------|----------------------|---------|------------|-----------|------------------|---------------------------------------------------------|------------|---------------------|--------------|------------|-----------|
| Operator                                                                              |           |               |          |         | Pool   |                      |         |            |           |                  |                                                         |            | County              |              |            |           |
| OXY USA Inc.                                                                          |           |               |          |         | La     | La Huerta Strawn     | awn     |            |           |                  |                                                         |            | Eddy                | dy           |            |           |
| Address                                                                               |           |               |          |         |        |                      | Σ       | TYPE OF    |           |                  |                                                         |            |                     |              |            |           |
| P.O. Box 50250, Midland, Texas 79710                                                  |           |               |          |         |        |                      | Ű       | TEST - (X) | Scheduled | ed               | Completion                                              | etion      |                     | Special      | X          |           |
|                                                                                       | WELL      |               |          |         | <br>   |                      |         |            |           | DAILY            | LENGTH                                                  | PROD.      | PROD. DURING TEST   | TEST         |            | GAS-      |
| LEASE NAME                                                                            | ġ         |               | LOCATION | TION    |        | DATE OF              |         | CHOKE      | TBG       | ALLOW-           | OF TEST                                                 | WATER      | GRAV                | ы            | GAS        | RATIO     |
|                                                                                       |           | Э             | S        | T       | œ      | TEST                 | S       | SIZE       | PRESS     | ABLE             | HOURS                                                   | BBLS.      | G                   | BBLS         | MCF        | CU.FT/BBL |
| Elizando Federal A                                                                    | 2-Y       | <del>ر</del>  | 51       | 21S     | 27E    | 5/14/92              | ш       | 16/64"     | 650       | Gas              | 24                                                      | 0          | 48                  | 0.5          | 257        | 514,000   |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            |                     |              | <u>_</u> , |           |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      | ÷       |            |           |                  |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      | _       |            |           | <u>.</u>         |                                                         |            |                     |              |            |           |
|                                                                                       |           |               |          |         |        |                      |         |            |           |                  |                                                         |            | :                   |              |            |           |
| Instructions:                                                                         |           |               |          |         |        |                      |         |            |           | I hereby c       | I hereby certify that the above information is true and | e above in | formation           | n is true £  | and        |           |
| During gas-oil ratio test each well shall be produced at a rate not exceeding the top | hall be p | orduc         | ed at :  | a rate  | not ex | ceeding th           | le top  | ~          |           | complete         | complete to the best of my knowlege and belief.         | of my knov | vlege anc           | d belief.    |            |           |
| unit allowable for the pool in which well is located by more than 25 percent.         | is locate | i yd be       | moret    | than 2  | 5 perc | ent. Operator is     | itor is |            |           | A                | N ZI                                                    | 11         | X                   |              |            |           |
| encouraged to take advantage of this 25% tolerance in order that well can be assigned | 5% toler  | ance i        | a Do r   | ir that | well c | an be assi           | peuß    |            |           | NY V             | 16.16                                                   | INNI       | IJ                  |              |            |           |
| Increased allowables when authorized by the Division.                                 | y the D   | <b>Nision</b> |          |         |        |                      |         |            |           | Signature        |                                                         | 2          | _                   |              |            |           |
| Ges volumes must be reported in MCF measured at a pressure base of                    | CF meas   |               | at a pn  | unssa   | e base | of 15.025            |         |            |           | Scott E. Gengler | engler                                                  | _          | Engineering Advisor | ing Advis    | sor        |           |
| psia and a temperature of 60 F. Specific gravity base will be 0.60.                   | s gravity | base          | will be  | 0.60.   | •      |                      |         |            |           | Printed na       | Printed name and title                                  | _          |                     |              |            |           |
| Report casing pressure in lieu of tubing pressure for any well producing              | ing pres  | aure fo       | or any   | well F  | produc | ing through casing.  | h cas   | sing.      |           | June 25, 1992    | 1992                                                    |            | 915-                | 915-685-5825 | 25         | ļ         |
|                                                                                       |           | •             |          |         |        | 1                    |         | •          |           |                  |                                                         |            |                     |              |            |           |

Telephone No.

Date

(See Rule 301, Rule 1116 & appropriate pool rules)

P.O. Drawer DD, Artesia, NM 88210 P.O. Box 1980, Hobbs, NM 88240 Submit 2 copies to Appropriate **District Office** DISTRICT III DISTRICT II DISTRICT |

1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department State of New Mexico

Revised 1/1/89 Form C-116

•

# **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

|                                                                                          |              |          |          |             |         | GAS - (          | ЭГ    | OIL RATIO TEST | TEST      |                  |                                                         |            |                   |                     |        |           |
|------------------------------------------------------------------------------------------|--------------|----------|----------|-------------|---------|------------------|-------|----------------|-----------|------------------|---------------------------------------------------------|------------|-------------------|---------------------|--------|-----------|
| Operator                                                                                 |              |          |          | <u> </u>    | Pool    |                  |       |                |           |                  |                                                         |            | County            |                     |        |           |
| OXY USA Inc.                                                                             |              |          |          |             | La      | La Huerta Atoka  | (a    |                |           |                  |                                                         |            | Eddy              | طر<br>ک             |        |           |
| Address                                                                                  |              |          |          |             |         |                  | ž     | TYPE OF        |           |                  |                                                         |            |                   |                     |        |           |
| P.O. Box 50250, Midland, Texas 79710                                                     |              |          |          |             |         |                  | TES   | TEST – (X)     | Scheduled | şd               | Completion                                              | letion     |                   | Special             | X      |           |
|                                                                                          | MELL         |          |          |             |         |                  |       |                | -         | DAILY            | LENGTH                                                  | PROD.      | PROD. DURING TEST | TEST                |        | GAS-      |
| LEASE NAME                                                                               | 0<br>Ž       | -        | LOCATION | ION         |         | DATE OF          |       | CHOKE          | TBG       | ALLOW-           | OF TEST                                                 | WATER      | GRAV              | ol                  |        | RATIO     |
|                                                                                          |              | D        | S        | -           | œ       | TEST             | S     | SIZE           | PRESS     | ABLE             | HOURS                                                   | BBLS.      | oľ                | BBLS                | MCF    | CU.FT/BBL |
| Elizando Federal A                                                                       | 2-Y          | <b>ر</b> | 5        | 21 21S 27E  | 27E     | 5/14/92          | Ц.    | 16/64"         | 650       | Gas              | 24                                                      | 0          | 48                | 1.0                 | 628    | 628,000   |
|                                                                                          |              |          |          |             |         |                  |       |                |           |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  |       |                |           |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  |       |                | •         |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  |       |                | I.        |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  |       |                |           |                  |                                                         |            |                   |                     | -      |           |
|                                                                                          | <del>.</del> |          |          |             |         |                  |       |                |           |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  |       | <u> </u>       | ·         |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  |       |                |           |                  |                                                         |            |                   |                     |        | 1         |
|                                                                                          |              |          |          |             |         |                  |       |                |           |                  |                                                         |            |                   |                     |        |           |
|                                                                                          |              |          |          |             |         |                  | ·     |                |           |                  |                                                         |            |                   |                     |        |           |
| Instructions:                                                                            |              |          |          |             |         |                  |       |                |           | l hereby ce      | I hereby certify that the above information is true and | e above in | formation         | l is true a         | 2      |           |
| During gas-oil ratio test each well shall be produced at a rate not exceeding the top    | hall be p    | roduce   | ed at a  | rate i      | not exc | seding the       | top   |                |           | complete t       | complete to the best of my knowlege and belief.         | of my knov | vlege anc         | l belief.           |        |           |
| unit allowable for the pool in which well is located by more than 25 percent.            | is locate    | d by n   | nore th  | 1an 25      | perce   | ant. Operator is | or is |                |           | Kunt             | r<br>V                                                  |            |                   |                     |        |           |
| encouraged to take advantage of this 25% tolerance in order that well can be             | 5% tolen     | ance ir  | i ordei  | r that v    | vell ca | in be assigned   | peu   |                |           | CLUURZ,          | Z. /a                                                   | XX         | [                 |                     |        |           |
| increased allowables when authorized by the Division.                                    | by the DI    | vision.  | -        |             |         |                  |       |                | · · ·     | Signature        | •                                                       | 2          |                   |                     |        |           |
| Gas volumes must be reported in MCF measured at a pressure base of 15.025                | CF meas      | a beru   | it a pre | <b>Burd</b> | base    | of 15.025        |       |                | 1         | Scott E. Gengler | angler                                                  |            | Engineer          | Engineering Advisor | م<br>د |           |
| psia and a temperature of 60 F. Specific gravity base will be 0.60.                      | s gravity    | base v   | Mil be   | 0.60.       |         |                  |       |                |           | Printed nar      | Printed name and title                                  | _          |                   |                     |        |           |
| Report casing pressure in lieu of tubing pressure for any well producing through casing. | ing presu    | sure fo  | r any I  | welt p      | roduci  | ng through       | Casi  | Du             |           | June 25, 1992    | 1992                                                    |            | 915-              | 915-685-5825        | 2      |           |
| (See Rule 301, Rule 1116 & appropriate pool rules)                                       | In lood      |          | -        |             |         |                  |       |                |           | Date             |                                                         |            | Teleph            | Telephone No.       |        |           |

EXHIBIT "E"

| (Novembar 1983)<br>(Formerly 9-331) DEPART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNI STATES<br>MEN. OF THE INTERIC<br>J OF LAND MANAGEMENT                                       | SUBMIT IN TRIP<br>(Other Instruction,<br>verse side)                     | re- <u>5 LEASE DESIG</u>                          | pproved.<br>Bureaus No. 1004-0135<br>August 31, 1985<br>WITON AND SETENL NO.<br>32 - SW962 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| (Do not use this form for propo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TICES AND REPORTS<br>mails to drill or to deepen or plug bac<br>ATION FOR PERMIT* for such prop | ck to a different reservoir.                                             | 6. FINDIN ALL                                     | OTTEE OR TRIBE NAME                                                                        |  |
| OL GNS OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                          | 7. UNIT AGREEM                                    | ENTNAME                                                                                    |  |
| 2. NAME OF OPERATOR<br>OXY USA IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IC.                                                                                             |                                                                          | a farmorilea:<br>ELIZOND                          | ENAME<br>O A FEDERAL                                                                       |  |
| 3 ADDRESS OF OPERATOR P.O. BOX 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 250 MIDLAND, TX 79710                                                                           |                                                                          | 2 WELLNO.                                         | 2Y                                                                                         |  |
| 4. LOCATION OF WELL (Report location clearly are<br>See also space 17 below.)<br>At surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d in accordance with any State requirements.                                                    | •                                                                        | LA HUER                                           | ool orwildcat<br>TA Atoka/strawn                                                           |  |
| 1880 FSL 1780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FWL SEC 21 T21S R27E                                                                            |                                                                          | 11.SEC. T. R. M<br>SURMEY OF<br>SEC 21 1          |                                                                                            |  |
| 14. PERMIT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15. ELEVATIONS (Show whater DF, RT, GR,                                                         | <b>dr.</b> )                                                             | 12. COUNTY OR                                     |                                                                                            |  |
| 300152133700S01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | 3192                                                                     | EDDY                                              | NM                                                                                         |  |
| ••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | priate Box To Indicate Natu                                                                     | re of Notices, Report                                                    | t, or Other Data                                  |                                                                                            |  |
| NOTICE OF INTENTION TO : SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                          |                                                   |                                                                                            |  |
| FRACTURE THEAT MUL<br>SHOOT OR ACIDIZE ABA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LORALTER CASING<br>TIPLE COMPLETE<br>NDON <sup>4</sup><br>NGE PLANS                             | WATER SHUT-OFF<br>FRACTURE TREATMENT<br>SHOOTING OR ACIDIZING<br>(Othur) | 8 2                                               | EPAFING WELL                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 | Completion or Re                                                         | suits of multiple comple<br>acompletion Report an | d Log form.)                                                                               |  |
| 17. DESCRIBE PROPOSED OR COMPLETE<br>proposed work. If well is d<br>nent to this work.)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | irectionally drilled, give subsurface to                                                        | cutions and measured and tr                                              | ue vertical depths for a                          | ali markers and zones porti-                                                               |  |
| REQUEST AUT<br>THE LA HUERTA A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 93 <b>4567</b> 3                                                                                |                                                                          |                                                   |                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                                          |                                                   | ILSIA 3                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /                                                                                               |                                                                          |                                                   |                                                                                            |  |
| 18. Thereby certify that the coregoing is true for the second strue for |                                                                                                 | INEERING ADVISOR                                                         | DATE                                              | 4/3/92                                                                                     |  |
| (This space for Federal or State office use)<br>APPROVED BY<br>CONDITIONS OF APPROVAL, IF A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TITLE                                                                                           |                                                                          | DATE _                                            |                                                                                            |  |

#### \*See Instructions on Reverse Side

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 false, fictitious or fradulent statements or representations as to any matter within its jurisdiction.