

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

BLM Form 3160-5, 1009-0155
Expires August 31, 1985

C157

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		MAR 28 '90	
2. NAME OF OPERATOR OXY USA Inc.		O.C.D.	
3. ADDRESS OF OPERATOR P O Box 50250 Midland, TX 79710		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1800 FNL 1980 FWL, Sec. 13 (SENW), T20S R28E		5. LEASE DESIGNATION AND SERIAL NO. NMLC050797	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Government AC	
		9. WELL NO. 2	
		10. FIELD AND POOL, OR WILDCAT East Burton Flat Morrow	
		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 13, T20S R28E	
14. PERMIT NO. 300152151400502	15. ELEVATIONS (Show whether DF, HT, OR, etc.) 3255'	12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Test Morrow	(Other) <input checked="" type="checkbox"/>

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD-11610'. PBTD-11319'. Well is complete and producing into El Paso Natural Gas Co. line.

(See other side)

ACCEPTED FOR RECORD

MAR 27 1990

CARISBAD, NEW MEXICO

RECEIVED
MAR 26 8 55 AM '90
CARISBAD, NEW MEXICO
BUREAU OF LAND MANAGEMENT

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

SIGNED <u>D. Charles Thomas</u>	TITLE <u>Supervisor - Prod. Acctg.</u>	DATE <u>March 22, 1990</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

(Prepared by David Stewart)

*See Instructions on Reverse Side

MIRU PU. RU Reverse unit, kill well w/ 75 bbls 2% KCl FW. NDWH, NUBOP, Rel pkr, POOH w/ tbq & pkr. RIH w/ 4-5/8" bit, 3-1/2" DC's on 2-7/8" tbq. Tag @ 10557', Drld cem & CIBP, clean out to 11319'. Spot 400 gal 10% Acetic acid from 11319'-10919'. POOH & RIH w/ 5-1/2" Lok-set pkr, on/off tool w/ 1.87 profile nipple, & 2-7/8" tbq to 10857'. Set pkr @ 10850', on/off tool @ 10848'. Test tbq to 2000# - held OK. NDBOP, NUWH.

RU full lubricator, Perf Morrow 2 SPF @ 10940,41,42,43,44,45,-11002,03,04,05,06,58,59,60,61,62,63,64,11134,35,36,53,54,55,56,-59,60,61,62,63,64,65,66,11201,03,45,46,47,48,49,55,56,57,58,78,-79,80,81,11282' Total 100 holes. Used 1-9/16 sidewall gun w/ SSB 3 charges (entrance hole .26". 6.04 penetration). No blow on csg. 12hr SITP 30#, bled pres RU swab rec 0-BO, 15-BW in 6 hrs, slight show of gas.

14hr SITP 25#. Acidize Morrow perfs (10940'-11282') w/ 6000 gal 7-1/2% NeFe HCl Acid w/ 1000 SCF N2/bbl. Max pres-5800# min pres-5500# avg pres-5600# ISIP-5000# 5min-3900# 10min-3810 15min-3800# TLW 180 bbl. Open well to pit, rec 0-BO 25-BLW in 1-1/2hrs, well died. RU swab, rec 0-BO 42-BLW in 4hrs, slight show of gas on last run. 14hr SITP-1600#, swab well for 4 days rec 0-BO, 145 BLW, burn 2' flare while swabbing. SI well pending evaluation 1/29/90.

Put well on line to El Paso 2/9/90, SITP 1600#, flwd 80 MCFD @ 550# FTP.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

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FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
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(Other) Test Morrow

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CARLSBAD OFFICE
AREA HEADQUARTERS

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SIGNED D. Charles Thomas

TITLE Supervisor - Prod. Acctg.

DATE March 22, 1990

(This space for Federal or State office use)

(Prepared by David Stewart)

APPROVED BY _____

TITLE _____

DATE _____

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