

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

MAR 7 1990 DEC 3 '90

O. C. D.

API NO. (assigned by OCD on New Wells)
30-015-21631

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Tracy D

8. Well No.

1

9. Pool name or Wildcat
Undesignated Morrow

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

1b. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 50250 Midland, TX. 79710

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 33 Township 21S Range 27E NMPM Eddy County

10. Proposed Depth

11575'

11. Formation

Morrow

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3119'

14. Kind & Status Plug Bond
Required/approved

15. Drilling Contractor
Unknown

16. Approx. Date Work will start
After permit approval

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	415'	1000	Surface
12 1/4"	9 5/8"	36#	3000'	1075	Surface
8 3/4"	5 1/2"	17-20#	11575'	1300	Top of Wolfcamp

TD-11575'. It is proposed to re-enter and test the Morrow formation. 5 1/2" casing will be set @ 11575'. The Blowout Prevention program will be as follows:

10" 5000# WP Blind and pipe rams
3000# WP annular preventor and
rotating head

Post ID-1
12-21-90
Re-entry

Catalina Service Oil Co. - Tracy D. Lane #1
OTD: 11,575 P# 11-19-75

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 6/13/91
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE F.A. Vitrano TITLE Region Operations Manager DATE 11/29/90
TYPE OR PRINT NAME F.A. Vitrano (Prepared by David Stewart) TELEPHONE NO. 915635571

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 14 1990