

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM13232A - 300152356200S2

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Government AN

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated Wolfcamp

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 3 T20S R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different location.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
OXY USA Inc.

3. ADDRESS OF OPERATOR
P.O. Box 50250 Midland, Tx. 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660 FNL 1980 FWL Sec 3 (NENW) T20S R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3284.2' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Recompleted in Wolfcamp ☒

(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-11275' PBTD-10428' Well is complete and is producing into El Paso Nat Gas line.

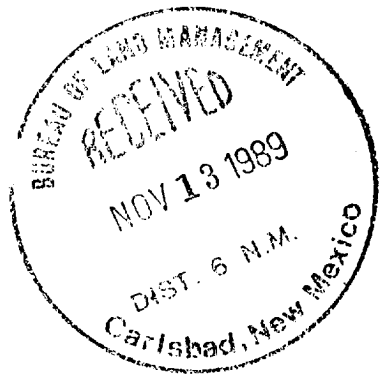
(See Attached)

ADMITTED TO RECORD

Adm

NOV 18 1989

CARLSBAD, NEW MEXICO



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

SIGNED David Stewart

TITLE Dist. Oper. Mgr. - Prod.

DATE 11/8/89

(Prepared by David Stewart)

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*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 a false statement or report, or to conceal or omit material information, or to provide false information.