

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. (Other instructions on reverse side)

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

CSF

SUNDRY NOTICES AND REPORTS ON WELLS

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 15003	
2. NAME OF OPERATOR OXY USA Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 50250, Midland, Texas 79710		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 660' FWL, SEC 11 (SWNW) T20S R28E		8. FARM OR LEASE NAME Government AB	
14. PERMIT NO. 30-015-26248		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4174'		10. FIELD AND POOL, OR WILDCAT Burton Flat Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 11 T20S R28E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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JAN 12 '90

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Set Casing & Cement	<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-600' MIRU Rotary & spud 17-1/2' hole @ 0045MST. 1/1/90. Drill to a TD of 600'. Ran & set 15 jts. of 13-3/8" 48# H-40 casing @ 595' and cemented w/650 sx. Cl C w/2% CaCl + .25#/sx Cellophane Flakes. Plug down @ 1855 MST 1/1/90. Circ 63 sx to pit, witnessed by John Amos-BLM. WOC, Test 13-3/8" csg to 1000#, held OK. Drill ahead.

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

SIGNED David Stewart

TITLE Operations Mgr. of Production DATE 1-3-90
(prepared by: David Stewart)

(This space for Federal or State office use)

APPROVED BY

TITLE Regional Manager

DATE 1-16-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side