|   |  | ~   | <del></del>  | r orm approved.                                      | CIST                     |
|---|--|---|--|--|--------------------------|
| Form 3160-5<br>(November 1983)                        |  | UN. ED STATES   | SUBMIT IN TRIPLICATE.  | Budget Bureau N<br>Expires August                    | To. 1004-0135            |
| Formerly 9-331)                                       | DEPARTMENT OF THE INTERIO  |   | R verse side)  | 5. LEASE DESIGNATION AND SERIAL NO.                  |                          |
|   | BUREA  | U OF LAND MANAGEMEN   | T  | NM 15003   |                          |
| SUNDRY NOTICES AND REPORTS ON WELLS                   |  |   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                 |                          |
|   |  | als to drill or to deepen or plug<br>TION FOR PERMIT—" for such p   | back to a different reservoir.   | 7  |                          |
| <u>i.</u>   |  |   | Proposition  | 7. UNIT AGREMENT NAM                                 | (E                       |
| OIL GAB WELL  | X OTHER  | •   |  |  |                          |
| 2. NAME OF OPERATOR                                   |  |   | JAN 19'90  | 8. FARM OR LEASE NAME                                | R                        |
|   | OXY USA Ir   | ic. /   | Orac Z y   | Government AB  | <u> </u>                 |
| 3. ADDRESS OF OPERATOR                                |  | 0250 Midland, TX.   | 79710 O. C. D.   | 9. WELL NO.  |                          |
| 4. LOCATION OF WELL (I                                | Report location cl   | early and in accordance with any                                    | State rediffication CEFICE   | 10. FIELD AND POOL, OR                               | WILDCAT                  |
| At surface  | Burton Flat Mo   | rrow  |  |  |                          |
| 1980 FNL 66   | 11. THC., T., B., M., OR BLK. AND<br>SURVEY OR AREA              |   |  |  |                          |
|   |  |   |  | Sec 11 T20S R  | 285                      |
| 14. PERMIT NO.  | · · · · · · · · · · · · · · · · · · ·                            | 15. ELEVATIONS (Show whether D                                      | F. RT. GR. etc.)   | 12. COUNTY OR PARISH                                 |                          |
| 3001526248  |  | 4174'   | ,,,  | Eddy   | NM                       |
| 16.   | Charle A.  |   | Name of Name D   | <u>'                                     </u>        |                          |
|   | Check Appropriate Box To Indicate Nature of Notice, Report, or O |   |  |  |                          |
|   |  | TION TO.  | aussiqu  | ENT ESPORT OF:                                       |                          |
| TEST WATER SHUT-O                                     |  | PULL OR ALTER CASING  | WATER SHUT-OFF   | REPAIRING W  | ELL                      |
| FRACTURE TREAT SHOOT OR ACIDIZE                       |  | JULTIPLE COMPLETE   | FRACTURE TREATMENT SHOOTING OR ACIDIZING   | ALTERING CAS   | l1                       |
| REPAIR WELL   | <del></del>  | HANGE PLANS   |  | g & cement   | x   x                    |
| (Other)   |  |   | (Note: Report results<br>Completion or Recomple<br>it details, and give pertinent dates,   | of multiple completion of etion Report and Log form  | n.)                      |
| K-55 ST&C c:<br>1% CaCl <sub>2</sub> +<br>Gilsonite + | ill 12-1/4<br>sg. and se<br>.25# Cello<br>.25# Cell              | t @ 3020'. Cement v<br>seal / sx.,1600 sx (<br>oseal/sx. and 300 s> | 020'. Run 14 jts. 32#<br>w/ 300 sx Cl H 10% Thio<br>Cl C 65/35 Pacesetter I<br>c Cl C w/ 2% CaCl Plu<br>-5/8 csg to 2000#, held  | ckset, 10# Gils<br>Lite, 6% Gel, 5<br>ug down @ 0715 | onite<br>#<br>CST 1/10/9 |
|   |  |   |  |  | 57<br>1<br>              |
|   |  |   | A STANDARD FOR RECO  | )RD :  | $\circ$                  |
|   |  |   | Ada  | 1,   | <u>Lu</u>                |
|   |  |   | JAI. 1 o 1050  |  | E                        |
|   |  |   |  | ું હ <b>ે</b>  | $\mathcal{O}$            |
|   |  |   | والمراجع والمعار والمراجع والمراجع والمعارض والمعارض والمعارض والمعارض والمعارض والمراجع والمعارض والم |  |                          |
|   |  |   | CARLSBAC, NEW ME)  | CCO  |                          |
|   |  |   |  |  |                          |
| . 1 hereby certife that                               | the foregoing is   | true and correct  |  |  | ·                        |
| SIGNED  | f tenm   | en or   | er.MgrProd.  | 1/12,  | /90                      |
|   | <u> </u>   |   | (Prepai  | red by David St                                      | <u>ewart)</u>            |
| State of Ree for Mede                                 | rni oz Stabi osle  | e 11M2  |  |  | ***                      |
| CONDITIONS OF AF                                      | PROVAL. IF A   | TILE  |  | DATE   |                          |
|   |  |   |  |  |                          |