

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

45F

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.)

RECEIVED

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: 990 FSL 1980 FEL Sec 22 (SWSE) T20S R28E

14. PERMIT NO.: 30-015-26253

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3228.6' GR

5. LEASE DESIGNATION AND SERIAL NO.: NM0528964

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Government W

9. WELL NO.: 2

10. FIELD AND POOL, OR WILDCAT: Burton Flat Wolfcamp, N.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 22 T20S R28E

12. COUNTY OR PARISH: Eddy

13. STATE: NM

MAR 7 '90

O. S. D.
ARTESIA, OFFICE

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 COMPLETE <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set casing & cement <input checked="" type="checkbox"/>	
(Other) <input 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-620' Drill 17-1/2" hole to a TD of 620'. Run 16 jts. 13-3/8" 48# H-40 casing and set @ 603'. Cement w/ 650sx Cl C w/ 2% CaCl2 + 1/4# flocele/sx. Plug down @ 10:00 MST 2/20/90. Circulate 199 sx to pit. WOC 8 hrs. Cut off casing install 3000# wellhead. NUBOP Test casing & BOP to 1000# held OK. Drill ahead.

ACCEPTED FOR RECORD

MAR 6 1990

CARLSBAD, NEW MEXICO

RECEIVED
 MAR 1 11 04 AM '90
 CARLSBAD, NEW MEXICO
 AREA OFFICE

I hereby certify that the foregoing is true and correct

SIGNED: David Stewart TITLE: Oper. Mgr. - Production DATE: 2/26/90
(Prepared by David Stewart)

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: