

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. DATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM0528964

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. 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.
30-015-262530051

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

RECEIVED
APR 27 '90
O. C. D.
ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Government W

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Burton Flat Wolfcamp North

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

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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 and 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-11492' - Drill 7-7/8" hole to a TD of 11492'. Run 25 jts. (20#) & 246 jts. (17#) 5-1/2" N-80 csg. and set @ 11492'. Cement w/500 sx. CLH Lite w/.5% FL-20, 1/4 # Celloflake, .36% R-3; 300 sx. CLH 50/50 poz, 3# salt, .3% FL-20. Plug down @ 0445 hrs. CST 03/28/90. WOC 24 hrs. Test csg. & wellhead to 1000#, held ok. Run temp svy - TOC - 6200'. Release rig, W0 completion unit.

ACCEPTED FOR RECORD

APR 24 1990

CARLSBAD, NEW MEXICO

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

SIGNED D. Charles Thomas

TITLE Supervisor - Prod. Rept.
(Prepared by David Stewart)

DATE 04/02/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side