

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on
reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different wellbore.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	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 1980 FNL 1980 FWL Sec 22 (SENW) T20S R28E	5. LEASE DESIGNATION AND SERIAL NO. NMMN82993	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Government U	9. WELL NO. 2	10. FIELD AND POOL, OR WILDCAT Burton Flat Morrow	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 22 T20S R28E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. 3001526402	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3227.2' GR											

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"/>		<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 checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Set casing & cement		

(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.)*

Drill 12-1/4" hole to a TD of 3000'. RIH w/ 9-5/8" (15jts-40# & 57jts-36#) K55 casing, set @ 3000'. Cement as follows w/ 300sx Cl H cmt w/ 1% CaCl2, 1/4#/sx celloseal, 10% Thixad, & 10#/sx gel, 1350sx Pacesetter lite w/ 5#/sx Gil, 1/4#/sx celloseal, tailing w/ 300sx Cl C cmt w/ 2% CaCl2. Plug down @ 0430hrs CDT 8/24/90. Circ 200sx cmt to pit. BLM notified but did not witness. WOC 12hrs, set slips. NUWH test to 1200#, held OK. NUBOP, Rams, & Choke manifold test to 5000# & Hydril to 3000#, held OK. Drill out float collar & shoe, test csg to 2500#, held OK. Resume drilling 8-3/4" hole w/ full circ.

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

SIGNED [Signature] TITLE Production Accountant DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side