

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE  
(Other instructions on reverse side)

Form approved. *clj*  
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 reservoir. 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. NMNM82993	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 BLE. AND SURVEY OR AREA Sec 22 T20S R28E	12. COUNTY OR PARISH Eddy	13. STATE NM
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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 COMPLETION	<input type="checkbox"/>
ABANDON OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<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 production casing	<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.)

Drill 8-3/4" hole to a TD of 11525' on 9/25/90. Condition hole, RU & run logs. RIH w/ 5-1/2" (29jts 20# N80 - 241jts 17# N80) casing and set @ 11525'. Cement w/ 900sx Pacesetter Lite H w/ .5% CF-1, 1/4# cello-seal followed by 300sx 50-50 POZ H w/ 3# salt, .3% CF-2. Plug down @ 1215hrs CDT 9/26/90. BLM notified, but did not witness. ND BOP, set slips, NU wellhead, test to 1500#, held OK. Run temp svy - TOC - 10200'. Release drilling rig, WO completion unit.

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

SIGNED

TITLE

Production Accountant

DATE

10/24/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side