Conditions of approval, if any, are attached. Approval of this notice certify that the applicant holds legal or equitable title to those rights		Office			199 <u>8</u>
(ORIG. SGD.) GARY GOURLEY	PEI	<b>NULEUM LINU</b>		APR 22	
Annroyed by		HOLEUM ENGI			
Ven Sh				<u></u>	
Signature A.	Date	<u>۲۲ ארפטבאוט</u> ۲(20		÷	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) DAVID STEWART	Title	RECULATO	RY ANALYS	<b>~</b>	
·					
3) RU PUMP TRUCK, CIRCULATE WEL 500# FOR 30 MIN.	L WITH TREATE	D WATER, PRESS	URE TEST	CASING TO	
2) NOTIFY BLM/NMOCD OF CASING IN	NTEGRITY TEST	24 HRS IN ADV	ANCE.		
1) MIRU PU, POOH W/ RODS, PUMP	& TBG. TIH W	/ CIBP & SET @	6140'.		
TD - 6552'	PBTD - 6512'	PERFS - 619	0-6313′		
OXY USA INC. REQUESTS TO TEN	MPORARILY ABA	NDON THIS WELL	FOR FUT	JRE USE.	
13. Describe Proposed or Completed Operation (clearly state all pertin If the proposal is to deepen directionally or recomplete horizontally Attach the Bond under which the work will be performed or provi following completion of the involved operations. If the operation testing has been completed. Final Abandonment Notices shall be determined that the site is ready for final inspection.)	y, give subsurface locati ide the Bond No. on fil results in a multiple cor	ons and measured and the with BLM/BLA. Required and the second se	ired subsequent in a new interv	ns of all pertinent marine reports shall be filed to al. a Form 3160-4 shall	ters and zones. within 30 days
Convert to Injection	Plug Back	Water Disposal			
Subsequent Report Casing Repair	<ul><li>New Construction</li><li>Plug and Abandon</li></ul>	<ul> <li>Recomplete</li> <li>Temporarily Ab</li> </ul>		Ouher MIT test	
Alter Casing	Fracture Treat	<ul> <li>Production (Star</li> <li>Reclamation</li> </ul>	VKCSume)	Water Shut-Off Well Integrity	
	Deepen	YPE OF ACTION			
12. CHECK APPROPRIATE BOX(ES) TO			EPORT, OR	OTHER DATA	
	205 R28E		EDDY	NM	
		RECENTESIA	11. County o		ne opring
MIDLAND, TX 79710-0250 4. Location of Well (Foolage, Sec., T., R., M., or Survey Description)	915-685-	57 LOCIVED		Pool, or Exploratory A man Ranch Bor	
OXY USA INC.         16696           3a. Address         P.O. BOX 50250         3b. Phone No. (include area code)			9. API Well No. 30-015- 27786		
2. Name of Operator			8. Well Name and No. Garza Federal #1		
1. Type of Well Gas Well Other			-		
SUBMIT IN TRIPLICATE - Other instruc			7. If Unit or	CA/Agreement, Name	e and/or No.
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name		
BUREAU OF LAND MANAG SUNDRY NOTICES AND REPOR			5 Lease Ser	nal No - NMNM91052	
(November 1994) DEPARTMENT OF THE IN	TERIOR AN	. a. NM 68210	-2834	OMB No 1004-0135 Expires July 31, 199	
Form 3160-5 UNLED STATES	31	M CH U 12. E   S. 1st ⊠		FORM APPROVED	