

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse 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 reservoir. Use "APPLICATION FOR PERMIT--" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. NMNM9818	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM OIL CONS COMMISSION	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT ADDRESS NAME Artesia, NM 88210	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME GOVERNMENT S	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 810 FSL 1980 FEL SW-SE		9. WELL NO. 3	
14. PERMIT NO. 300152783900S01		10. FIELD AND POOL, OR WILDCAT BONE OLD MILLMAN RANCH - SPRINGS	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270		11. SEC. T., R., M., OR BLK AND SURVEY OR AREA SEC 3 T20S R28E	
		12. COUNTY OR PARISH EDDY	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	
REPAIR WELL	<input type="checkbox"/>	(Other) <u>SPUD, SET CASING & CEMENT</u>	REPAIRING WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	ALTERING CASING	<input type="checkbox"/>
			ABANDONMENT*	<input checked="" type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and five 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.)*

MIRU McGEE RIG #2, SPUDDED 17-1/2" HOLE @ 2300HRS MST 2/9/94. DRILL SURFACE HOLE TO 415'. RIH W/ 13-3/8" 48# H-40 CASING & SET @ 413'. M&P 415sx CL C CMT W/ 2% CACL, DISPLACE W/ FW. CIRC 50sx TO PIT. BLM NOTIFIED, DID NOT WITNESS. WOC - 4HRS, CUT OFF CSG, WELD ON STARTING HEAD, NU BOP. RIH & TAG CEMENT @ 350'. TEST CSG TO 1000#, HELD OK. DRILL CMT, ON NEW FORMATION @ 0100HRS MST 2/11/94, DRILL AHEAD.



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

SIGNED	<u>[Signature]</u>	TITLE	REGULATORY ANALYST	DATE	3/1/94
--------	--------------------	-------	--------------------	------	--------

(This space for Federal or State office use)

APPROVED BY	_____	TITLE	_____	DATE	_____
-------------	-------	-------	-------	------	-------

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

