

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 'PLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureaus 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 Drawer DD	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT 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 1980 FSL 2130 FEL NW-SE		9. WELL NO. 4	
		10. FIELD AND POOL, OR WILDCAT BONE OLD MILLMAN RANCH SPRINGS	
		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 3 T20S R28E	
14. PERMIT NO. 300152784500S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3277	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"/>	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 & CEMENT <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 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.)*


DRILL 11" HOLE TO 3002'. RIH W/ 8-5/8" 24-32# K-55 CSG & SET @ 2972', DV TOOL @ 1443'. M&P 1st STAGE W/ 600sx CL C W/ 6% GEL + 5% SALT + .25#/sx CELLO-SEAL TAILED W/ 200sx CL C W/ 2% CACL2, DISPL W/ FW. DROP BOMB & OPEN DV TOOL W/ 1200# & EST CIRC, CIRC 388SX TO PIT, WOC 4HRS. M&P 2nd STAGE W/ 900sx CL C W/ 6% GEL + 5% SALT, .25#/sx CELLO-SEAL TAILED BY 50sx CL C W/ 2% CACL2, DISPL W/ FW, PLUG DOWN @ 1100hrs CDT 3/21/94, CIRC 256sx CMT TO PIT, WOC. ND BOP, SET SLIPS & CUT CSG, NUWH, TEST TO 1250#, HELD OK, NU BOP, TEST TO 2000#, HELD OK. RIH & DRILL OUT DV TOOL, TAG CMT @ 2912', DO, CHC, TEST SHOE, HELD OK, DRILL AHEAD.

PC

J. Lora

APR 1 11 10 AM '94
CARL AREA

RECEIVED

18. I hereby certify that the foregoing is true and correct.			
SIGNED		TITLE	REGULATORY ANALYST
		DATE	3/31/94
(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.