

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

451

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.)

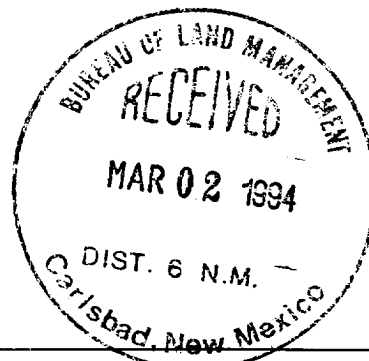
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NMNM15003	
2. NAME OF OPERATOR OXY USA INC.		6. INDIAN, ALLOTTEE OR TRIBE NAME NM OIL CONS COMMISSION	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		7. UNIT AGREEMENT NAME Artesia, NM 88210	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL 660 FWL NW-NW		8. FARM OR LEASE NAME GOVERNMENT AB	
		9. WELL NO. 6	
		10. FIELD AND POOL, OR WILDCAT BONE OLD MILLMAN RANCH-SPRINGS	
		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 10 T20S R28E	
14. PERMIT NO. 300152784600S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3278	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) <u>SPIUD SET CASING & CEMENT</u> <input checked="" type="checkbox"/>	
(Other) <input 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.)*

MIRU McGEE RIG #2, SPUDDED 17-1/2" HOLE @ 1830HRS CST 2/27/94. DRILL SURFACE HOLE TO 400'. RIH W/ 13-3/8" 48# H-40 CASING & SET @ 400'. M&P 415sx CL C CMT W/ 2% CACL + 1/4# FLOCELE, DISPLACE W/ FW. CIRC 10sx TO PIT. BLM NOTIFIED, DID NOT WITNESS. WOC - 4HRS, CUT OFF CSG, WELD ON STARTING HEAD, NU BOP. RIH & TAG CEMENT, TEST CSG TO 1000#, HELD OK. DRILL CMT, ON NEW FORMATION @ 0800HRS MST 2/28/94, DRILL AHEAD.



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

SIGNED <u>[Signature]</u>	TITLE <u>REGULATORY ANALYST</u>	DATE <u>3/1/94</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side