

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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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. NMNM15003	
		6. INDIAN, ALLOTTEE OR TRIBE NAME NM OFF-LEASE COMMISSION Drawer DD Artesia, NM 88210	
1. NAME OF OPERATOR OXY USA INC.		8. FARM OR LEASE NAME GOVERNMENT AB	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		9. WELL NO. 6	
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		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, FIT, 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"/>	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) SET CASING & CEMENT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		<input 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.)*

DRILL 7-7/8" HOLE TO 6518', CHC, RUN LOGS AIT-CAL-GR, CNL CAL-GR. RIH & CUT SIDE-WALL CORES @ 3588', 3720', 6200', 6228', 6247', 6278', 6296', 6305', 6334', 6347', 6353', 6363', 6380', 6389', 6391', 6395', 6413.5', 6428', 6437', 6443', TOTAL 20 CUTS. RIH & DRILL TO TD @ 6554'. RIH W/ 5-1/2" 15.5# K-55 CASING & SET @ 6554'. M&P 630sx PACESETTER LITE (C) CMT W/ 1/4# CELLO-SEAL + 3# HI-SEAL TAILED W/ 170sx CL C CMT W/ 5# CSE + .5% CF14 + 2% CF2, DISPLACE W/ FW. FULL RETURNS DURING JOB. BLM NOTIFIED, DID NOT WITNESS. WOC - 20HRS. SET SLIPS CUT OFF CSG, REL RIG @ 0200hrs MST 3/13/94. SI WO COMPLETION UNIT.

J. Lee
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RECEIVED
MAR 17 10 52 AM '94
BUREAU OF LAND MANAGEMENT
ARIZONA

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

SIGNED	<i>[Signature]</i>	TITLE	REGULATORY ANALYST	DATE	3/15/94
(This space for Federal or State office use)					
APPROVED BY		TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					

*See Instructions on Reverse Side