Form 3160-5 (November 1983)		UNITED STATES	SUBME	TRIPLICATE	Form approved. Budget Bureaus Expires August 3	No. 1004-0135	
(Formerly 9-331)	merly 9-331) DEPAL. MENT OF THE INTERIOR (Other I Tuctions on reverse side)				5. LEASE DESIGNATION AND SEHAL NO.		
9111		J OF LAND MANAGEME TICES AND REPOR		<u> </u>	NMNM15003	TOIDE NAME	
	s form for propo	osals to drill or to deepen or pl ATION FOR PERMIT for suc	lug back to a different r		ur rest (Alboritzon	Tractivanc	
OIL GAS OTHER					7.UNIT AGREEMENT NAME		
2 NAME OF OPERATOR	A FARM OR LEASE NAME	8 FARM OR LEASE NAME					
OXY USA INC.					GOVERNMENT	GOVERNMENT AB	
P.O. BOX 50250 MIDLAND, TX 79710					awerno.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface					1	10. FIELD AND POOL OR WILDCAT BONE OLD MILLMAN RANCH - SPRING	
660 FNL 660 FWL NW-NW					11. SEC, T., R. M., OR BLK AND SURVEY OR AREA		
					SEC 10 T20S R28E		
14. PERMIT NO.		15, ELEVATIONS (Showwheter DF, R	RT, G.R., etc.)		12. COUNTY OR PARISH	13. STATE	
300152784600	S01		3278		EDDY	NM	
	• •	ppriate Box To Indicate	Nature of Notices	s, Report, or	r Other Data	Other Data	
NOTIO	DE OF INTENTION TO	O:	1	SUBS	EQUENT REPORT OF:	QUENT REPORT OF:	
TESTWATER SHUT-OFF	MU	LORALTER CASING TIPLE COMPLETE NDON'	WATERSHUT-C FRACTURE THE SHOOTING OR	EATMENT	PEPAPPING ALTERING ABANDONI	CASING	
SHOOT OR ACIDIZE ABANDON" (Other)							
(Other)	_				of multiple completion on pletion Report and Log for		
17. DESCRIBE PROPOSEL proposed work nent to this work.)*	OR COMPLETE If well is d	D OPERATIONS (Clearly state al firectionally drilled, give subsurfa	Il pertinent details, and ace locations and meas	five pertinent da sured and true w	tes, including estimated dertical depths for all market	ate of starting any rs and zones perti-	
ROAD RIGHT-OF-W THE GOVERNMEN	/AY TO THE T AB #7 LOC	LAY A TEMPORARY GAS GOVERNMENT S #3 LO CATION TO THE GOVER CILITIES THAT WILL BE E	OCATION. THE PORNMENTS#3 IS	ORTION OF T	THE GAS FLOWLIN	E FROM	
18. Thereby certify that the for SIGNED	egoing is true and c	/ 3 / //	OPER. ENGR. SUI	PR.	DATE 3/15/9	4	
(This space for Federal or	State office use)						
APPROVED BY		TITLE			DATE		

CONDITIONS OF APPROVAL, IF ANY: