

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1. ICATE*
(Other Instructions on re-
verse side)

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

2151

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"/>		APR 1 11 11 AM '94	
2. 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 OLD MILLMAN RANCH BONE 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input checked="" type="checkbox"/>

COMPLETION
(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.)*

TD - 6554' PBDT - 6489' PERFS - 6242' - 6443'
MIRU PU 3/14/94, NU BOP, RIH & TAG @ 6489', RUN CBL, TOC-920'. PERFORATE 1ST BONE SPRINGS SAND W/ 1SPF @ 6242, 52, 67, 76, 86, 6301, 06, 25, 34, 47, 53, 62, 71, 79, 91, 6400, 09, 28, 37, 6443', TOTAL 20 HOLES. ACIDIZED W/ 2000 GAL 7-1/2% NEFE HCL ACID, SWAB 0-BO 36-BLW IN 4HRS. SITP-50#, FRAC W/ 84000 GAL SPECTRA FRAC 3000 W/ 190280# 16/30 SAND, MAXP-1220#. RIH & TAG SAND @ 6341', CHC. POOH W/ WS TBG & RIH W/ BAKER A-3 @ 6142' & 2-7/8" TBG @ 6155', ND BOP, NU WH, TEST ANN., HELD OK. SITP-380#, SWAB 40-BO 439-BLW IN 13HRS W/ GOOD SHOW OF GAS. SITP-250#, OPEN WELL TO TEST TANK & FLOW TEST WELL FOR 302-BO 703-BLW FTP-180# CHK-30/64 IN 24 HRS. SI WELL, HOOK UP STACK PACK, CONNECT TO AMOCO @ 1400HRS 3/24/94 & FLOW TEST WELL AS FOLLOWS:

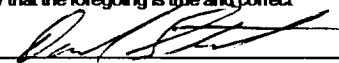
TEST	FTP	OIL	WATER	GAS	CHOKE	LINE-P
24HR	300	154	235	237	22/64	300
24HR	260	139	139	161	22/64	300
24HR	260	173	103	161	22/64	280
24HR	260	174	69	161	22/64	280
24HR	320	178	140	161	26/64	270

NMOCD POTENTIAL TEST 3/29/94

24HR	200	270	161	651	26/64	300	37.7-API GRAVITY	2411-GOR
------	-----	-----	-----	-----	-------	-----	------------------	----------

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