Form 3166-5	CONS UMBER ISSIO	M ES	SUBMIT IN T	ATE* Expi	res August 31,	1985	
(November 1983NM OLL (Formerly 9-331)	vember 1983 N.M. OIL COUNTY OF THE INTERIOR (Other Instru verse side)			a LEASCILE	2 TEMPE DESIGNATION MAD SERVE INC.		
DRAWER DE AU UE LAND MANAGEMENT ARTESIA Y DE PLES AND REPORTS ON WELLS					NMNM15003 6 IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not use this for	m for proposals to drill or to de	eepen or plug back to	a different reservoir.	,			
Us	SE "APPLICATION FOR PERMIT	" for such proposa	ls.)	7. UNIT AGR	EEMENT NAME		
off Case Case	OTHER						
2 NAME OF OPERATOR					8. FARM OR LEASE NAME		
OXY USA INC.					GOVERNMENT AB		
3 ADDRESS OF OPERATOR P.C	D. BOX 50250 MIDLAND), TX 79710		8 METT NO			
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					10 FIELD AND POOL OR WILDCAT OLD MILLMAN RANCH BONE SPRINGS		
At surface 810 FNL 1980 FEL NWNE					11. SEC, T., R, M., OR BLK AND SURVEY OR AREA		
					SEC 10 T20S R28E		
14. PERMIT NO.	15. ELEVATIONS (Show	vwheter DF, RT, GR, etc.)		12. COUNTY		13. STATE	
N/A	,		3273	EDDY		NM	
	ck Appropriate Box To	Indicate Nature	of Notices, Repor	t, or Other Da	ata		
* = = =					EQUENT REPORT OF:		
TESTWATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	H	WATERSHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING		REPAIRING WI ALTERING CA ABANDONIME	SING	
REPAIRWELL	CHANGEPLANS		(Other)	sults of multiple co	mpletion on We	L	
(Other) MOVE LOCA	TION COMPLETED OPERATIONS (CIE	لعا لـــــــــــــــــــــــــــــــــــ	Completion or R	ecompletion Repo	rt and Log form.		
nent to this work.)*	well is directionally drilled,		ons and measured and t			·	
NEW L	OCATION - 810 FNL 19	980 FEL SEC 10	T20S R28E				
OLD LO	OCATION - 760 FNL 19	980 FEL SEC 10	T20S R28E				
					CARREST IN TO 10 :	A) u) u) u)	
					32 H 35 H 26	(T)	
18. I hereby certify that the foregoing SIGNED	ng is the and somed	_ TITLE OPERA	TIONS ENGINEER	DA	TE <u>2/8/94</u>		
(This space for Federal or State	e office use)						
APPROVED BY		TITLE	· · · · · · · · · · · · · · · · · · ·	DA	TE		
CONDITIONS OF APPE	ROVAL, IF ANY:						

*See Instructions on Reverse Side