

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN **PLICATE**
(Other Inst: on re-verse side)

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

NM OIL CONS. PLATE # 88370
 Drawn by: Artemia, NM

c/sf

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NMNM15003
2. NAME OF OPERATOR OXY USA INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i> 810 FNL 1980 FEL NW-NE		8. FARM OR LEASE NAME GOVERNMENT AB
14. PERMIT NO. 300152786300S01		9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3272		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
		12. COUNTY OR PARISH EDDY
		13. STATE NM

RECEIVED
 MAY 13 '94
 O. C. D.
 ARTEMIA OFFICE

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>SPUD SET CASING & CEMENT</u> <input checked="" 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 MDT 4/26/94, DRILL TO 418'. RIH W/ 13-3/8" 48# H-40 CASING & SET @ 418'. M&P 500sx CL C W/ 2% CACL2 + 1/4# CELLO-SEAL + 17# CEDAR FIBER, DISPL W/ FW, CMT DID NOT CIRC. RIH W/ 1" & TAG CMT @ 150', M&P 500sx CL C W/ 2% CACL2, STARTED GETTING RETURNS OF MUD, CMT DIDN'T CIRC, WOC. RIH W/ 1" & TAG CMT @ 60', M&P 300sx CL C W/ 2% CACL2, CIRC CMT TO SURFACE, WOC. CUT OFF CSG, WELD ON STARTING HEAD, NU BOP'S, RIH & DO PLUG, CEMENT & SHOE, DRILL AHEAD.

RECEIVED
 MAY 3 10 59 AM '94
 CALIF. AREA

18. Thereby certify that the foregoing is true and correct

SIGNED *[Signature]* TITLE REGULATORY ANALYST DATE 5/2/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

215F

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. NM 15003	
2. NAME OF OPERATOR OXY USA Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 50250, Midland, TX 79710		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 810' FNL & 1980' FEL		8. FARM OR LEASE NAME Government AB	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3273' GR		10. FIELD AND POOL, OR WILDCAT Old Millman Ranch Bone Springs, Assoc.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-20-S, R-28-E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED
MAY 13 1994

16. Check Appropriate Box To Indicate Nature of Notice, 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) <input type="checkbox"/>	
(Other) Change acreage dedication <input checked="" 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 give 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.)*

This Sundry Notice is being submitted to show a change in acreage dedication from a "lay down" 80 acres to a "stand-up" 80 acres. A NMOCD approved form C-103 is attached along with the revised form C-102.

RECEIVED
 APR 20 1994
 BUREAU OF LAND MANAGEMENT
 MIDLAND, TEXAS

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operations Engineer DATE 4/20/94

(This space for Federal or State office use)

APPROVED BY (OP'G SGD) JOE G LARA TITLE PETROLEUM ENGINEER DATE 5/11/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAY 29 1994

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.) RECEIVED

7. Lease Name or Unit Agreement Name Government AB

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
--

8. Well No. 8

2. Name of Operator OXY USA Inc.

9. Pool name or Wildcat Old Millman Ranch Bone Springs
--

3. Address of Operator P. O. Box 50250, Midland, TX 79710
--

4. Well Location Unit Letter <u>B</u> : <u>810</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>20 South</u> Range <u>28 East</u> NMPM Eddy County
--

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3273' GR
--

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: Change acreage dedication <input checked="" type="checkbox"/>
SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This Sundry Notice is being submitted to change the acreage dedication from a lay-down 80 acre (oil well) to a stand-up 80 acre (oil well). This change will allow OXY USA to stake another well to the East of the Government AB #8. A new plat reflecting the change is attached.

RECEIVED
APR 22 10 00 AM 1994

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>Robert P. Elliott</u>	TITLE <u>Operations Engineer</u>	DATE <u>3/25/94</u>
TYPE OR PRINT NAME <u>Robert P. Elliott</u>	TELEPHONE NO. <u>(915) 685-5821</u>	

(This space for State Use)

APPROVED BY <u>Robert P. Elliott</u>	TITLE <u>Federal Well</u>	DATE <u>APR 8 1994</u>
CONDITIONS OF APPROVAL, IF ANY:		

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

Box 1980, Hobbs, NM 88340

DISTRICT II

P.O. Drawer 80, Artesia, NM 88210

DISTRICT III

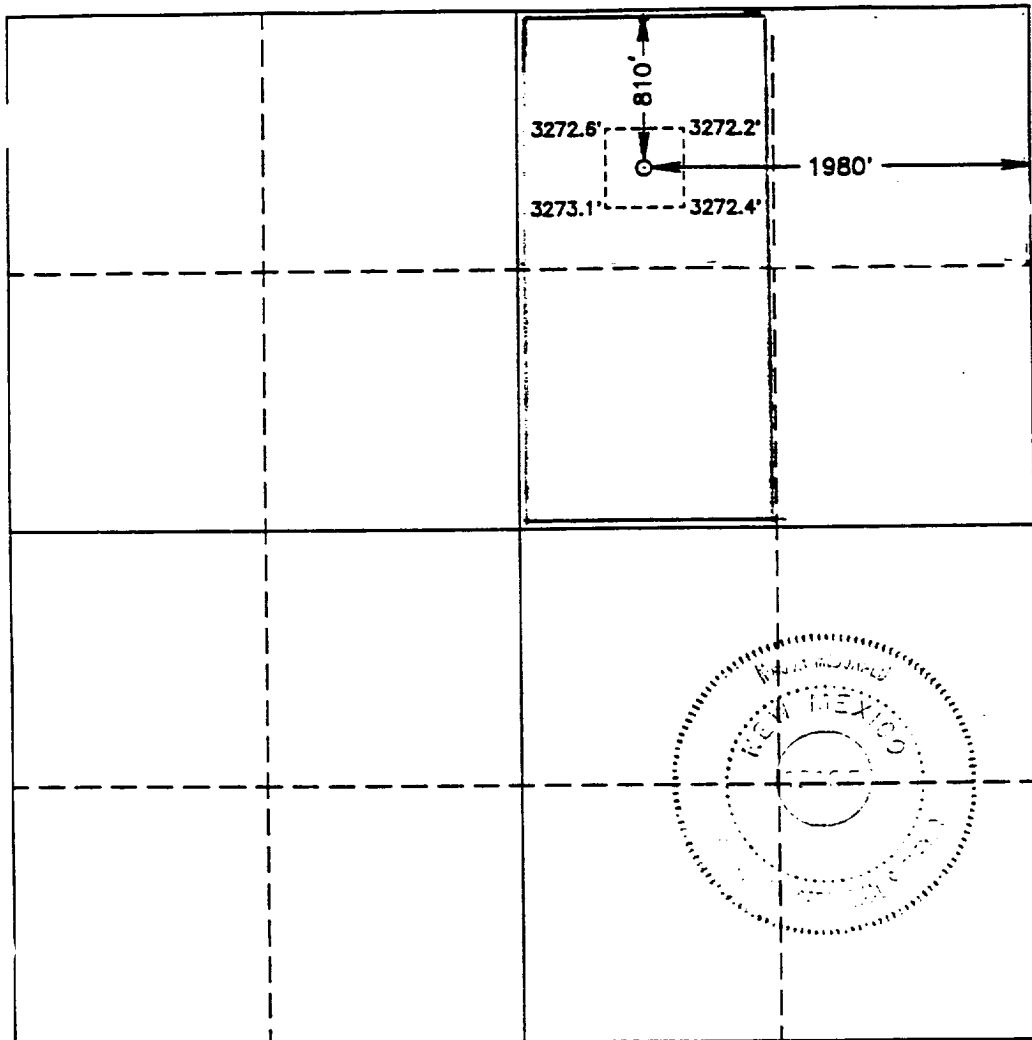
1000 Rio Brazos Rd., Artec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator OXY USA, INC.		Lease GOVERNMENT AB		Well No. 8
Unit Letter B	Section 10	Township 20 SOUTH	Range 28 EAST NMPM	County EDDY
Actual Footage Location of Well:				
810 feet from the NORTH line and		1980 feet from the EAST line		
Ground Level Elev. 3273'	Producing Formation BONE SPRINGS	Pool OLD MILLMAN RANCH, BONE SPRINGS	Dedicated Acreage: 80 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
 - If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
 - If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
 - Yes No If answer is "yes" type of consolidation _____
- If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)
- No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: *Robert P. Elliott*

Printed Name: Robert P. Elliott

Position: Engineer

Company: OXY USA Inc.

Date: March 25, 1994

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from fluid notes or actual surveys made by me or under my supervision, and that the same is true or correct to the best of my knowledge or belief.

Date Surveyed: JANUARY 26, 1994

Signature & Seal of Professional Surveyor

Macon McDonald

Certificate No. MACON McDONALD 1218

