

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS DATE\*  
(Other instructions on reverse side)

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

415F

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

OXY USA INC.

3. ADDRESS OF OPERATOR

P.O. BOX 50250 MIDLAND, TX 79710

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 NW-NE

5. LEASE DESIGNATION AND SERIAL NO.

NMNM15003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GOVERNMENT AB

9. WELL NO.

8

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.

300152786300S01

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3272

12. COUNTY OR PARISH

EDDY

13. STATE

NM

Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

COMPLETION

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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 - 6630' PBDT - 6576' PERFS - 6300' - 6516'

MIRU PU 5/18/94, RIH & TAG @ 6576', TEST CSG TO 2000#, HELD OK. CH W/ 750GAL XYLENE + 750 GAL 15% NEFE HCL ACID. RUN CBL, TOC @ 1400'. PERF BONE SPRINGS W/ 1 SPF @ 6300, 04, 17, 28, 37, 51, 63, 70, 76, 87, 94, 6407, 18, 22, 27, 36, 46, 55, 61, 67, 79, 85, 6501, 6516' TOTAL 24 HOLES. ACIDIZE W/ 2000 GAL 7-1/2% NEFE HCL ACID. FRAC W/ 76000 GAL SPECTRA FRAC G-3000 W/ 236500# 16/30 SAND, MAXP-1400#, ISIP-924#. CO SAND TO 6576', POOH. RIH W/ BAKER LOC-SET PKR & 2-7/8" TBG & SET @ 6203', SWAB 0-BO 245-BW IN 7HRS. SITP-500#, SWAB 300-BW IN 3HRS, WELL STARTED FLWG, FLWD 193-BO 148-BW ON 24/64-CHK, 490#-FTP IN 10HRS. FLOW TEST WELL AS FOLLOWS 5/30/94:

| TEST  | FTP | OIL | WATER | GAS | CHOKE | LP  |
|-------|-----|-----|-------|-----|-------|-----|
| 24HRS | 480 | 189 | 92    |     | 24/64 | 300 |

CONNECT TO AMOCO @ 1200HRS 5/31/94

|       |     |     |     |     |       |     |
|-------|-----|-----|-----|-----|-------|-----|
| 20HRS | 450 | 367 | 308 | 456 | 24/64 | 320 |
| 19HRS | 500 | 324 | 138 | 485 | 12/64 | 370 |

NMOCD POTENTIAL TEST 6/2/94

|       |     |     |     |     |       |     |                         |
|-------|-----|-----|-----|-----|-------|-----|-------------------------|
| 24HRS | 500 | 441 | 102 | 511 | 16/64 | 370 | 37.7 API GRAV. 1150-GOR |
|-------|-----|-----|-----|-----|-------|-----|-------------------------|

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

SIGNED

TITLE

REGULATORY ANALYST

DATE

6/3/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side