

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| 1. 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.) | | 5. LEASE DESIGNATION AND SERIAL NO. NMNM9818 | |
| 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 1880 FNL 2130 FEL SW-NE | | 8. FARM OR LEASE NAME GOVERNMENT S | |
| 14. PERMIT NO. 300152788500S01 | | 9. WELL NO. 5 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3277 | | 10. FIELD AND POOL, OR WILDCAT BONE OLD MILLMAN RANCH SPRINGS | |
| | | 11. SEC. T. R. M. OR BLK AND SURVEY OR AREA SEC 3 T20S R28E | |
| | | 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: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | COMPLETION | <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.)*

TD - 6600' PBTD - 6554' PERFS - 6266' - 6443'

MIRU PU 4/27/94, RIH & TAG @ 6555', CH W/ 750gal XYLENE, 750gal 15% IHB HCL W/ 145bbl 2% KCL WATER, TEST CSG TO 2000#, HELD OK. RUN CBL, TOC-1090'. PERF BONE SPRINGS @ 6266, 85, 89, 6313, 32, 40, 46, 56, 71, 77, 80, 87, 96, 6405, 10, 20, 24, 29, 6443' TOTAL 19 HOLES. ACIDIZE W/ 2000gal 7-1/2% NEFE HCL ACID. FRAC W/ 76000gal SPECTRA FRAC 3000 W/ 236500# 16/30 SAND, MAXP-1650# ISIP-1200#. CO SAND TO 6555', RIH W/ BAKER A-3 & 2-7/8" TBG & SET @ 6159', TEST CSG TO 500#, HELD OK. SITP-100# RIH & SWAB 27-BO & 386-BW IN 12 HRS W/ GOOD SHOW OF GAS. SITP-560# WELL FLOWED FOR 336-BO & 635-BW W/ GOOD SHOW OF GAS IN 22HRS ON 18/64 CHK FTP-250#. SI WELL, HOOK UP STACK PAC & FLOW TEST WELL AS FOLLOWS:

| TEST | FTP | OIL | WATER | GAS | CHOKE | |
|-----------------------------------|-----|-----|-------|-----|-------|--------------------------|
| 24HRS | 360 | 481 | 322 | | 18/64 | |
| 24HRS | 450 | 303 | 114 | 542 | 16/64 | |
| 24HRS | 450 | 256 | 81 | 484 | 16/64 | |
| CONNECT TO AMOCO @ 1430HRS 5/9/94 | | | | | LP | |
| 8HRS | 450 | 89 | 24 | 260 | 16/64 | 340 |
| 24HRS | 510 | 516 | 96 | 310 | 16/64 | 340 |
| NMOCD POTENTIAL TEST 5/11/94 | | | | | | |
| 24HRS | 510 | 496 | 72 | 310 | 16/64 | 340 |
| | | | | | | 37.7 API GRAVITY 625-GOR |

| | | |
|-------------------------------------------------------------|--------------------|--------------------------|
| 18. I hereby certify that the foregoing is true and correct | | |
| SIGNED | <u>[Signature]</u> | TITLE REGULATORY ANALYST |
| | | DATE 5/13/94 |
| (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.