

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(Other instructions on re-
verse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
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. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SL - 330 FNL 230 FEL NE-NE BHL - 660 FNL 660 FEL NE-NE		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. 300152796400S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3268	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 type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>SPUD SET CASING & CEMENT</u>	REPAIRING WELL
(Other)	<input type="checkbox"/>		ALTERING CASING
			ABANDONMENT*
			<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 @ 2100hrs CDT 5/16/94, DRILL TO TD @ 400'. CHC, RIH W/ 13-3/8" 48# H-40 CASING & SET @ 400'. M&P 500sx CL C CMT W/ 2% CACL2 + 1/4# /sx CELLO-SEAL, DISPLACE W/ FW, PLUG DOWN @ 0745hrs CDT 5/17/94, CEMENT DID NOT CIRCULATE, WOC-3HRS. RIH W/ 1" TO TOC @ 90', M&P 114sx CL C CMT W/ 2% CACL2, CIRC 10sx TO PIT @ 1145hrs CDT 5/17/94, BLM NOTIFIED BUT DID NOT WITNESS. WOC. CUT OFF CSG & WELD ON STARTING HEAD, ND BOP, RIH & DO PLUG, CMT & SHOE, DRILL AHEAD.

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

SIGNED [Signature] TITLE REGULATORY ANALYST DATE 5/26/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAY 31, 1994

JOHN HODGES
OFFICE