

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0133
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 ☒ 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

510 FNL 1980 FEL NW-NE

RECEIVED

OCT 19 '94

5. LEASE DESIGNATION AND SERIAL NO.
NMNM9818

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
GOVERNMENT S

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT
OLD MILLMAN RANCH

11. SEC., T., R., M., OR BLK AND
SURVEY OR AREA

SEC 3 T20S R28E

14. PERMIT NO.

300152811800S01

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

3290

12. COUNTY OR PARISH

EDDY

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

SET CASING & CEMENT

☒

(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.)*

DRILL 7-7/8" HOLE TO 6605' @ 0345hrs CDT 10/5/94. RIH W/ AIT-SONIC-CNL-GR-CAL. RIH W/5-1/2" 15.5# K-55 CASING & SET @ 6605'. M&P 350sx CL C CMT W/ 3% THRIFTYLITE + 1% CACL2 + 3#/sx HYSEAL + 1/4#/sx CELLOFLAKE TAILED W/ 160sx CL C CMT W/ 5#/sx CSE + .5% CF-14 + .2% CF-2, DISPLACE W/ FW, PLUG DOWN @ 1535hrs CDT 10/6/94, WOC. BLM NOTIFIED BUT DID NOT WITNESS. NDBOP, SET SLIPS, REL RIG @ 1900hrs CDT 10/6/94. SI WO COMPLETION UNIT.

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

SIGNED



TITLE

REGULATORY ANALYST

DATE

10/18/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side