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APPLICATION FOR MULTIPLE COMPLETION

| | | | | | |
|------------------|-------------------------------------|---------|-----------------|----------|---------|
| Operator | OXY USA Inc. | County | Eddy | Date | 5/13/96 |
| Address | P.O. Box 50250 Midland, TX 79710 | Lease | Government NBFD | Well No. | 1 |
| Location of Well | M | Section | 11 | Township | 20S |
| | | | | Range | 28E |

All Applicants for multiple completion must complete Items 1 and 2 below.

| 1. The following facts are submitted: | Upper Zone | Intermediate Zone | Lower Zone |
|--|----------------------------|----------------------------|--------------------|
| a. Name of Pool and Formation | Burton Flat North Wolfcamp | | Burton Flat Morrow |
| b. Top and Bottom of Pay Section (Perforations) | 9136-9226' | | 11062-11270' |
| c. Type of production (Oil or Gas) | Gas | | Gas |
| d. Method of Production (Flowing or Artificial Lift) | Flowing | MAY 14 1996 | Flowing |
| e. Daily Production <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated Oil Bbls. Gas MCF Water Bbls. | Unknown | CR. CO. L. DIV. DIST. 2 | Unknown |

2. The following must be attached:

- Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
- Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
- Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

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

Signed David Stewart Title Regulatory Analyst Date 5/13/96

(This space for State Use)

Approved By ORIGINAL SIGNED BY TIM W. GUM Date MAY 25 1996
DISTRICT II SUPERVISOR

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.