

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. MM57221
2. NAME OF OPERATOR OXY USA Inc. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 50250, Midland, Texas 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	8. FARM OR LEASE NAME Federal AK
14. PERMIT NO. 3001526373	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4336.2'	10. FIELD AND POOL, OR WILDCAT East Ness Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34 T23S R23E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Set & cement 8 5/8" casing	X

(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 give 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 12 1/4" hole w/ full circ to a TD of 2500' @ 0700 hrs CDT 8/9/90. Run 61 jts of 8 5/8" 24# K-55 casing, set @ 2500'. Cement w/ 1000 sx Haliburton Lite w/ 15# salt, 5# Gilsonite, 1/4# flocele followed by 300 sx Cl C Neat cement. Plug down @ 1545 hrs CDT 8/9/90. Circ 100 sx to pit. WOC 12 hrs, NUWH & BOP, test to 5000#, Hydril to 3000#, held OK. Drill out float collar & cement, test casing to 1500#, held OK. Resume drilling 7-7/8" hole.

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

SIGNED

TITLE Production Accountant

DATE 8/13/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side