

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
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. NMNM57221	
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 O. C. D.		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 660 FNL 1450 FEL Sec 34 (NWNE) T23S R23E		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' GR		10. FIELD AND POOL, OR WILDCAT East Hess Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34 T23S R23E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Set casing & cement	
(Other)		(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 7-7/8" hole to a TD of 10300' @ 1845 MDT 9/3/90. Condition hole, RU & run logs. RIH w/ 5-1/2" 244 jts 17# N80 csg, set @ 10298'. Cement w/ 300sx Howco Lite w/ 6% Gel, 1/4#/sx flocele, .5% Halad 9 followed by 300sx Cl H/Poz A w/ 2% gel, 3#/sx salt, 3% Halad 22A. Plug down @ 1400 hrs MDT 9/4/90. Blm notified, but did not witness. WOC 24 hrs. Run temp svy - TOC - 7150'. Release drilling rig, WO completion unit.

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

SIGNED [Signature]

TITLE Production Accountant

DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side