ATTACHMENT 3160-5 OXY USA INC. OXY HARVESTOR FEDERAL #1 SEC 26 T17S R27E EDDY COUNTY, NM

MIRU PU 4/15/00, RIH W/ BIT & TAG @ 9705', CHC. DRILL OUT CEMENT TO 9804', TEST CSG TO 1500#. RIH W/ CBL, TOC @ 4980'. PUMP 300gal XYLENE & 500gal 15% NeFe HC1. RIH W/ TCP GUNS, BAKER LS PKR(9567') & 2-3/8" TBG @ 9618', NDBOP, NUWH. DROP BAR & PERF MORROW W/ 4SPF @ 9619-9640', TOTAL 72 HOLES, GAS TO SURFACE IN 4min, CLEAN UP WELL TO PIT FOR 9hrs, ON 14/64 CHK, FTP-2800#, 3-BW, EST 3100MCFD. 72hr-SITP-2900#, FLOW WELL TO PIT FOR 4hrs, ON 14/64 CHK, FTP-2800#, 0-BW, EST 3100MCFD. RDPU 4/25/00, SI WOPL. SITP-3000#, PWOL 5/8/00 AND TEST AS FOLLOWS:

.

HRS 24 24 24 24 24	FTP 750 2400 2000 1800	GAS 537 988 1993	011 0 22 0	<u>WATER</u> 0 0	<u>CHOKE</u> 7/64 13/64 13/64
10 24 24 24	1800 1800 1300 1000 850	2229 350 1550 2051 1826	52 10 13 8 10	0 0 0 0 0	13/64 13/64 22/64 16/64 16/64
24	NMOCD POTEN 750	NTIAL TEST - 1738	5/19/00 8	0	7/64

SUNDF Do not use ti	L ED STAT DEPARTMENT OF THE BUREAU OF LAND MAN NY NOTICES AND REP his form for proposals to ell. Use Form 3160-3 (AF	INTERIOR IAGEMENT ORTS ON WELLS o drill or to re-enter	311 S. Artesi	. 1st Stree	t Lease Se	FORM APPROVED OMB No 1004-0135 Expires July 31, 199- mal No Allotize of Tribe Name		
SUBMIT IN TR	IPLICATE - Other Inst	ructions on rever	se side		7. If Unit or	CA/Agreement, Name and/or No.		
1. Type of Well Image: Oil Well						8. Well Name and No. 047 Havestor Federal#1 9. API Well No. 30-015-30882		
MIDLAND, TX 79710-0250 915-685-5717 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 F5L 660 FEL NESE(I) Sec 24 TITS R22E					10. Field and Pool, or Exploratory Area Uness Logan Docu (Morrow) 11. County or Parish, State EDDY NM			
12. CHECK AF	PROPRIATE BOX(ES)	TO INDICATE NAT	URE OF	NOTICE, RE	EPORT, OR	OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
 Nouce of Intent Subsequent Report Final Abandonment Nouce 	 Acidize Alter Casing Casing Repair Change Plans Convert to Injection 	 Deepen Fracture Treat New Construction Plug and Abandon Plug Back 		Production (Start/ Reclamation Recomplete Temporarily Aba Water Disposal		Water Shut-Off Well Integrity Other Completion		
ACCEPTED FOR RE	CORD See of	on results in a multiple co	ompletion (quirements	or recompletion in a, including reclar	a new interva	ARTISIA E Z L VE SU E Z L VE SU ARTISIA		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) DAVID STEWART			REGULATORY ANALYST					
Signature Den The			11/2/00					
	THIS SPACE	FOR FEDERAL OR	STATE					
Approved by			Title		Da	e		
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to Title 18 U.S.C. Section 1001, mak fraudulent statements or representat	al or equitable title to those rig conduct operations thereon.	ghts in the subject lease	Office nake to an	v department or a	ngency of the l	anted States any faise, fictutious or		
(Instructions on reverse)		-						