

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

c/sr

5. LEASE DESIGNATION AND SERIAL NO.
SRM1145 - 300152193000S01

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR OXY USA Inc.	8. FARM OR LEASE NAME Elizondo A Federal
3. ADDRESS OF OPERATOR P.O. Box 50250 Midland, TX. 79710	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL 1980 FWL Sec 20 (SESW) T21S R27E	10. FIELD AND POOL, OR WILDCAT Burton Flat Morrow
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T21S R27E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3182' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

OCT 20 '89

C. C. D. OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other) Perf add'l Morrow

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS
X

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

TD-11690' PBD-11651'

(See Attached)

OCT 10 10 34 AM '89

RECEIVED

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

SIGNED DAVID R. GLASS TITLE Dist. Oper. Mgr. - Prod. DATE 10/6/89
(Prepared by David Stewart)

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE 10-18-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side