

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS CATEGORY*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

2158

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.)		5. LEASE DESIGNATION AND SERIAL NO. NMNM9818	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. INDIAN, ALLOTTEE OR TRIBE NAME NM OIL CONS COMMISSION Drawer DD	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME Artesia, NM 88210	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME GOVERNMENT S	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL 2130 FEL NW-SE		9. WELL NO. 4	
14. PERMIT NO. 300152784500S01		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3277	
10. FIELD AND POOL, OR WILDCAT BONE OLD MILLMAN RANCH SPRINGS		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 3 T20S R28E	
12. COUNTY OR PARISH EDDY		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notices, 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 COMPLETE <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SET CASING & CEMENT <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 five 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 6606'. CHC, RIH W/ GR-AMS-AIT-LDT-CNL-CAL & LOG INTERVAL FROM TD-2870', POOH. RIH W/ 5-1/2" 15.5# K-55 CSG & SET @ 6606'. M&P 875sx CL C, 65/35 POZ W/ 6% GEL TAILED W/ 160sx CL C W/ 5#/sx SILICA + .5% CF-14 + 2% CF2, DISPL W/ FW, PLUG DOWN @ 1745hrs CDT 3/29/94, WOC -8hrs. ND BOP, SET SLIPS & CUT CSG. REL RIG @ 2300hrs CDT 3/29/94. NUWH, TEST, HELD OK. RIH W/ TEMP SVY - TOC-1000'. SI WO COMPLETION UNIT.

RECEIVED
APR 1 11 10 AM '94
CARRIE
ARL
MRS

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

SIGNED [Signature] TITLE REGULATORY ANALYST DATE 3/31/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.