Submit Scopes To Appropriate Dates Continued To New Mexico Office Dates
District III District IV Santa Fe, NM 87505 Santa Fe, NM 87505
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SUNDRY NOTICES AND REPORTS ON WELLS
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OXY USA WTP Limited Partnership 3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250 4. Well Location Unit Letter E: 2310 feet from the world line and SGO feet from the Section 33 Township 235 Range 37 E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250 4. Well Location Unit Letter E : Z310 feet from the world line and S90 feet from the line Section 33 Township 235 Range 37E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER: MIT - TA Status OTHER:
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent details de
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagration or recompletion.
OXY USA WTP LP requests to temporarily abandon this well for possible future use.
TD-3620' PBTD-369' Perfs-3440-3589' Pkr/GIBP-3363'
1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck, circulate well with treated water, pressure test casing to 500# for 30 min.
I haraby cortify that the information above is true and complete to the heat of my brounding and helicford
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permitor an (attached) alternative OCD-approved plan
SIGNATURE TIPLE Sr. Regulatory Analyst DATE ZUS 09
Type or print name David Stewart E-mail address: Telephone No. 432-685-5717
APPROVED BY CAMPULATION TITLE DISTRICT 1 SUPERVISOR FEB 2 0 200
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