

3. RU wireline. Install 3000# WP lubricator. Perf 2 SPF using 3-1/8" csg gun @ 4191-4200', 4216-24', 4230-36', 4254-58', 4295-4300' (74 shots).
4. RIH w/4-1/2" RBP & RTTS on 2-3/8" tbg. Set RBP below 4368'. POOH & set RTTS @ 4270'. Az 4295-4368' w/2000 gal 15% NEFe HCl in 2 stages, pmpg 200# RS in 200 gal 20# GBW between stages, limiting pressure to 1500#. Flush to perfs w/2% KCl wtr. Swab back load & test.
5. Rel RTTS, RIH & rel RBP. POOH to 4290' & set RBP. Set RTTS @ 4280' & test RBP to 1000#. POOH to 4180' & set RTTS. Az 4191-4258' w/3000 gal 15% NEFe HCl in 2 stages, pmpg 200# RS in 200 gal 20# GBW between stages, limiting pressure to 1500#. Flush to perfs w/2% KCl wtr. Swab back load & test.
6. Rel RTTS, RIH & rel RBP. POOH to 4185' & set RBP. Set RTTS @ 4177' & test RBP to 1000#. POOH to 4020' & set RTTS. Pres csg to 1000#. Az 4074-4172' w/2000 gal 15% NEFe HCl in 2 stages, pmpg 200# RS in 200 gal 20# GBW between stages. Flush to perfs w/2% KCl wtr. Swab back load & test.
7. Rel RTTS, RIH, rel RBP & POOH. RIH w/BHA on 2-3/8" tbg, setting SN near the btm perf. ND BOP. NU WH. RIH w/pump & rods. Start well pmpg. Check fluid level & monitor production.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-20105
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	OG 361
7. Lease Name or Unit Agreement Name	State BN
8. Well No.	2
9. Pool name or Wildcat	Mescalero San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4330'

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator OXY USA Inc.
3. Address of Operator P.O. Box 50250 Midland, TX. 79710	4. Well Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 14 Township 10S Range 32E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Test Add'l San Andres, Acidize <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD-4500'PB TD-4180' It is proposed to test add'l San Andres in the following manner:

1. Mix 2 drums Tretolite PD-72 (asphaltene solvent) & 3 gal F-46 (demulsifier) w/15 bbls xylene. Shut tbg valve & pump mixture down the casing. SI 24 hrs. Start well pmpg to produce back chemical.
2. MIRU PU. POOH w/rods & pump. ND WH. NU BOP. POOH w/tbg. RIH w/3-1/2" bailer. CO scale & CIBP @ 4180'. Push junk as far down as possible, without disturbing CIBP @ 4380'. Analyze sample of any scale recovered. RIH w/3-3/4" RB & 4-1/2" CS on 2-3/8" tbg to 4380'. POOH.

(See Other Side)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE F.A. Vitrano TITLE Oper. Mgr. Prod. DATE 02/22/90

TYPE OR PRINT NAME F.A. Vitrano (Prepared by David Stewart) TELEPHONE NO. 915-685-5717

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 26 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: