

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions on reverse side)

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

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC0294108	
2. NAME OF OPERATOR OXY USA, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 50250, Midland, TX 79710		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL 1980 FWL Sec. 31 (SENW) T17S R32E		8. FARM OR LEASE NAME Federal AJ	
14. PERMIT NO. 30-025-307940051		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3862.6'		10. FIELD AND POOL, OR WILDCAT Maljamar GBSA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31 T17S R32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, 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) <u>Set casing & cementing</u> <input checked="" type="checkbox"/>	

(Other) _____
(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-4250', drill 7-7/8" hole to a TD of 4250'. Run 99 jts. 5-1/2" 15.5# K55 csg. and set @ 4250'. Cement w/1050 sx. Hal Lite w/15#/sx. salt + 5#/sx. Gilsonite + .25#/sx Flocele; 300 sx. CLC w/2% CaCl₂. Plug down @ 2030 hrs. MST 03/18/90. Circ. 100 sx. to pit. WOC 24 hrs. - tested csg. to 2000#, held ok. Release rig, WO completion unit.

ACCEPTED FOR RECORD

APR 24 1990

RECEIVED
APR 9 9 18 AM '90
CARLSBAD, NEW MEXICO
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct
SIGNED D. Chayes-Roman TITLE Supervisor - Prod. Rept. DATE 04/02/90
(This space for Federal or State office use) (Prepared by David Stewart)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side