

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Revised Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC029410B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal AJ

9. WELL NO.

1

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 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

OXY USA Inc.

3. ADDRESS OF OPERATOR

P.O. Box 50250 Midland, TX 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

1980 FNL 1980 FWL, Sec. 31, (SENW) T17S R32E

30-025-30794

3862.6'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) Set Casing & Cementing

(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-820' MIRU, spudded 12 1/4" hole @ 1800 hrs. MST 03-09-90. Drill to a TD of 820'. RIH w/19 jts. 8-5/8 24# K55 Csg. set @ 816'. Cement w/500 sx. Cl C + 2% CaCl<sub>2</sub>. Plug down @ 0730 MST 03-10-90. Circulate 66" sx. to pit, WOC - 8 hrs. Test csg to 1000#, held OK. Drill ahead.

ACCEPTED FOR RECORD

MAR 26 1990

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Oper. Mgr. - Prod.

DATE

03-14-90

(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