

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

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.)
At surface
1980 FNL 1980 FWL Sec 31 (SENW) T17S R32E
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
5 mi S of Maljamar, NM

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drg. unit line, if any)
660

16. NO. OF ACRES IN LEASE
240

17. NO. OF ACRES ASSIGNED
TO THIS WELL 40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.
N/A

19. PROPOSED DEPTH
4250'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3862.6'

22. APPROX. DATE WORK WILL START*
After permit approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	24#	800'	850 sx. CIRCULATE
7-7/8"	5-1/2"	15.5#	4250'	1500 sx. <i>see slips.</i>

It is proposed to drill this well to a TD of 4250' and test the San Andres formation.
The blowout prevention program is as follows:

1. One set of blind rams
2. One set of drill pipe rams

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

The acreage dedicated to this well has not been assigned to any gas purchaser.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout prevention program, if any.

24. SIGNED *J. A. Vitram* TITLE Oper. Mgr. - Production DATE 1/22/90

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 2-12-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side