

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-STATE*
(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.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029489-B	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA INC. (Carper Drilling Co.)		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME Corbin B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL 1980 FWL Sec 3 T18S R33E		9. WELL NO. 3	
		10. FIELD AND POOL, OR WILDCAT Central Corbin Queen	
		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA Sec 3 T18S R33E	
14. PERMIT NO. 3002500000	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4041	12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRAC TURE TREAT	<input type="checkbox"/>	FRAC TURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Re-Plug Well	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and five 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 - 5424' MIRU PU 10/9/91, NU BOP, RIH & tag @ 1605, break circ & wash down from 1605'-1635' w/ returns outside of 8-5/8" csg. RIH w/ 8-5/8" CIBP & set @ 600', perf 2 sqz holes @ 445', cmt w/ 150sx CI C w/ 2% CaCl2, circ 10sx cmt to pit., WOC. RIH & DO cmt to 590', circ hole, drill out CIBP & CO to 1668'. RIH & set RBP @ 694', break circ, est inj rate, cmt w/ 200sx CI C w/ 4% CaCl2, max PSI-325#, displ cmt to 20', WOC. DO cmt, tag sand @ 677', press csg to 150#, held OK, CHC, POOH w/ RBP. RIH & drill & CO to 4998', POOH. RIH w/ 2-7/8" tbg to 4129', set 75sx CI C cmt w/ 3 % CaCl2, plug WOC. TAG plug @ 3821', circ hole w/ mud, POOH to 2775', set 35sx CI C cmt plug. POOH to 1627', spot 35sx CI C cmt plug, POOH, WOC. Tag plug @ 1521', press csg to 600#, held OK. POOH to 60', spot 2sx CI C cmt plug to surface, POOH, RDPU. Well P&A'd 10/25/91.

15" S x

Approved: _____
Liability Insurance: _____
Surface Rights: _____

18. Thereby certify that the foregoing is true and correct

SIGNED		TITLE	Production Accountant	DATE	10 31 1991
(This space for Federal or State office use)					
APPROVED BY		TITLE		DATE	11-20-91
CONDITIONS OF APPROVAL, IF ANY:					

*See Instructions on Reverse Side