

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection	5. LEASE DESIGNATION AND SERIAL NO NMNM55149
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 660 FNL 1980 FWL Sec 9 T18S R33E	8. FARM OR LEASE NAME Central Corbin Queen Ut.
14. PERMIT NO. 300252929600S01	9. WELL NO. 401
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Corbin Queen, Central
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 9 T18S R33E
	12. COUNTY OR PARISH 13. STATE Lea NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(Other) Convert to Water Injection X

(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 - 4310' PBTD - 4256' Perfs - 4206-4232'

- 1) MIRU PU. TOOH & LD pump & rods. NDWH, NUBOP. TIH w/ tbg & tag PBTD. TOOH w/ tbg.
- 2) TIH w/ RB & tbg & CO fill to PBTD. TOOH w/ RB & tbg.
- 3) TIH w/ pkr & 2-3/8" tbg & set @ 4110'. Acidize Queen perfs 4206-4232' w/3000 gal 15% NeFe HCl acid & flush w/2% KCl wtr.
- 4) Swab back load.
- 5) TOOH w/ pkr & tbg. TIH w/ injection pkr & 2-3/8" tbg & set @ 4110'. NDBOP, NUWH, RDPU. Run csg integrity test.

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

SIGNED David Stewart
(This space for Federal or State office use)

TITLE Prod. Acct.
915-685-5717

DATE 9/10/91

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 9/21/91

Subject to
Like Approval
by State

*See Instructions on Reverse Side