

BUREAU OF LAND MANAGEMENT

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 NMLC029489B	
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 FSL 660 FWL Sec 4 T18S R33E		8. FARM OR LEASE NAME Central Corbin Queen Unit	
14. PERMIT NO. 300252936400S01		9. WELL NO. 203	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3994'		10. FIELD AND POOL, OR WILDCAT Central Corbin Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4 T18S R33E	
		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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) TA'd

(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.)*

Federal AE #3

TD - 4325' PBTD - 4279' Perfs 4243'-4247'

This well is temporarily abandoned and will be converted to an active injection well at a later date. It is requested that the casing pressure test be postponed until the work is done. All notices will be filed before work begins on the well.

RECEIVED
MAY 6 7 47 AM '91
CARLE AREA OPERATIONS

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

SIGNED

David Stewart

TITLE

Production Accountant

DATE

5/2/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-20-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side