

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS DATE*
(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. NMLC029489B	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION		7. UNIT AGREEMENT NAME CENTRAL CORBIN QN UT	
2. NAME OF OPERATOR OXY USA INC.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		9. WELL NO. 205	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL 1980 FWL NE-SW		10. FIELD AND POOL, OR WILDCAT CORBIN, QUEEN CENTRAL	
		11. SEC. T., R., M. OR BLK. AND SURVEY OR AREA SEC 4 T18S R33E	
14. PERMIT NO. 300252945300S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4002	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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>REPLACE 2 JTS TBG & TEST</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 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 - 4280' PBTD - 4240' PERFS - 4174' - 4180'

MIRU PU 5/8/94, NDWH NUBOP, POOH W/ TBG & PKR & DRIFT, REPLACE 2 JTS TBG. RIH W/ GUIB G-6 PKR, ON/OFF TOOL & 2-3/8" PL TBG & SET @ 4098'. CIRC HOLE W/ PKR FLUID. NDBOP, NUWH, TEST TO 500#, HELD OK, RDPV 5/8/94, PUT WELL BACK ON INJECTION.

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

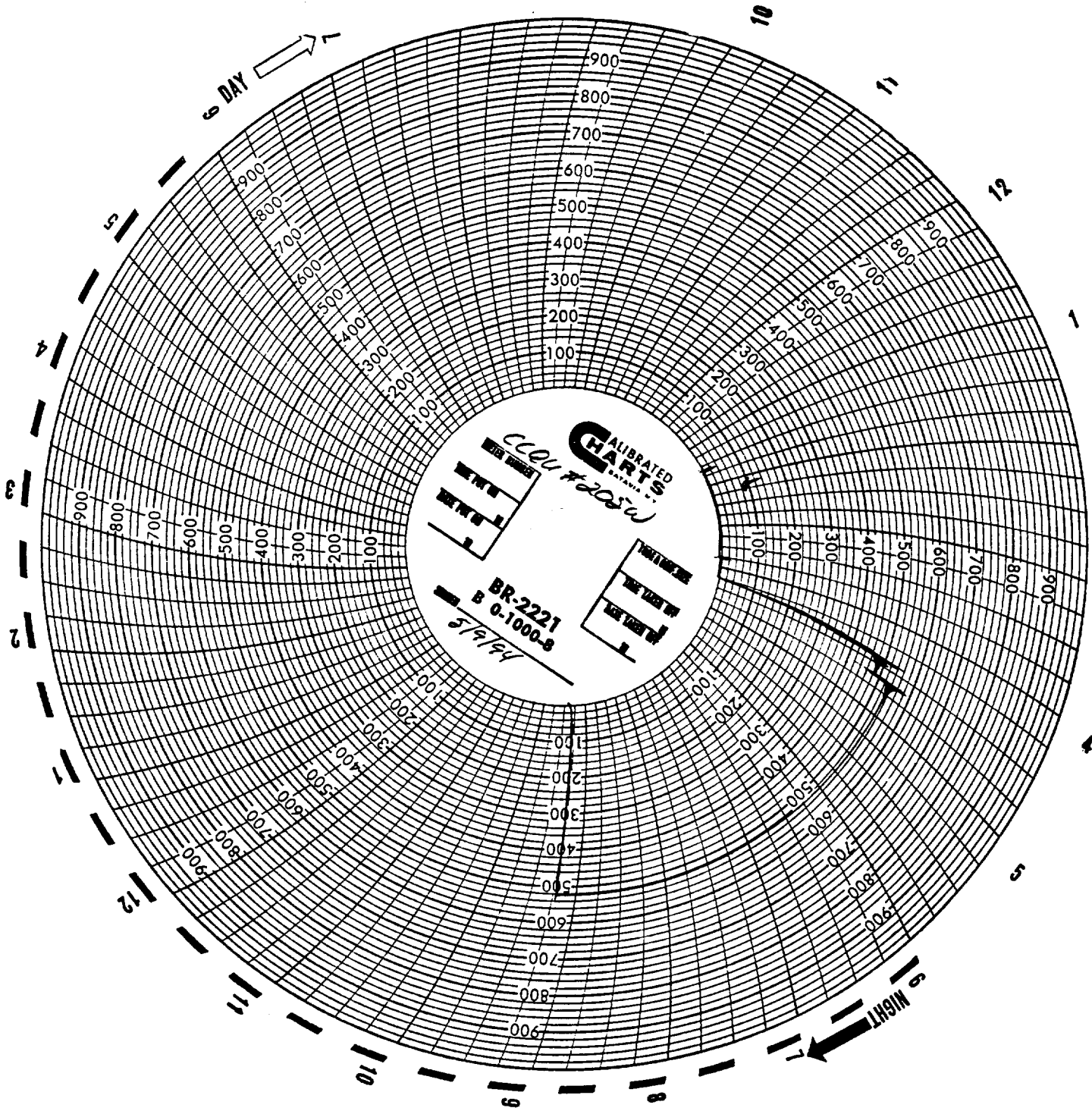
SIGNED <u>[Signature]</u>	TITLE <u>REGULATORY ANALYST</u>	DATE <u>5/27/94</u>
(This space for Federal or State use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>JUN 01 1994</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

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MAY 31 1994

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YOUR HONORABLE
OFFICE