

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☐ WATER INJECTION

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.\*

See also space 17 below.)

At surface

1980 FSL 1980 FWL NESW

Unit K

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

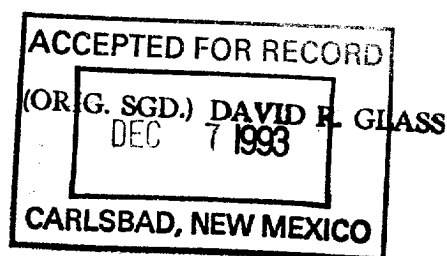
REPLACE TBG & TEST

(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 9/16/93, NDWH NUBOP, POOH W/ FG TBG & PKR. RIH W/ GUIB G-6 PKR, ON/OFF TOOL & 2-3/8" PL TBG & SET @ 4102'. CIRC HOLE W/ PKR FLUID. NDBOP, NUWH, TEST TO 500#, HELD OK, RDPU 9/16/93, PUT WELL BACK ON INJECTION.



RECEIVED  
NOV 19 11 17 AM '93  
CARLSBAD, NM

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

SIGNED

*[Signature]*

TITLE

REGULATORY ANALYST

DATE

11/16/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

