Form 3160-5
(November 1983)
(Formerly 9-331)

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION	5. LEASE DESIGNATION AND SERIAL NO.: NMNM84603X
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
	7. UNIT AGREEMENT NAME: CENT. CORBIN QUEEN 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.: 214
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: unit H 2310 FNL 2310 FEL Sec 4 T18S R33E	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.: 300252970000S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.):
	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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) CONVERT TO WATER INJECTION			X
(Other)				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) R-9337			

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 - 5000' PBTD - 4240' PERFS - 4163'-4185'

MIRU PU, POOH W/ RODS, PUMP & TBG, NDWH, NUBOP. CO TO 4240', RIH W/ RTTS & SET @ 4066', TEST CSG TO 1000#, HELD OK. ACIDIZE QUEEN PERFS (4163-4185') W/ 2500 GAL 15% NEFE HCL ACID, SWAB BACK LOAD. POOH, RIH W/ GUIBERSON C-6 PKR & 2-3/8 CL TBG & SET @ 4050'. NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 300#, HELD OK, RDPU. WELL READY FOR INJECTION.

2

RECEIVED
NOV 13 1991
BUREAU OF LAND MANAGEMENT
DIST. 8 N.M.
Carlsbad, New Mexico

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

SIGNED _____ TITLE PRODUCTION ACCOUNTANT DATE 11/11/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RBN

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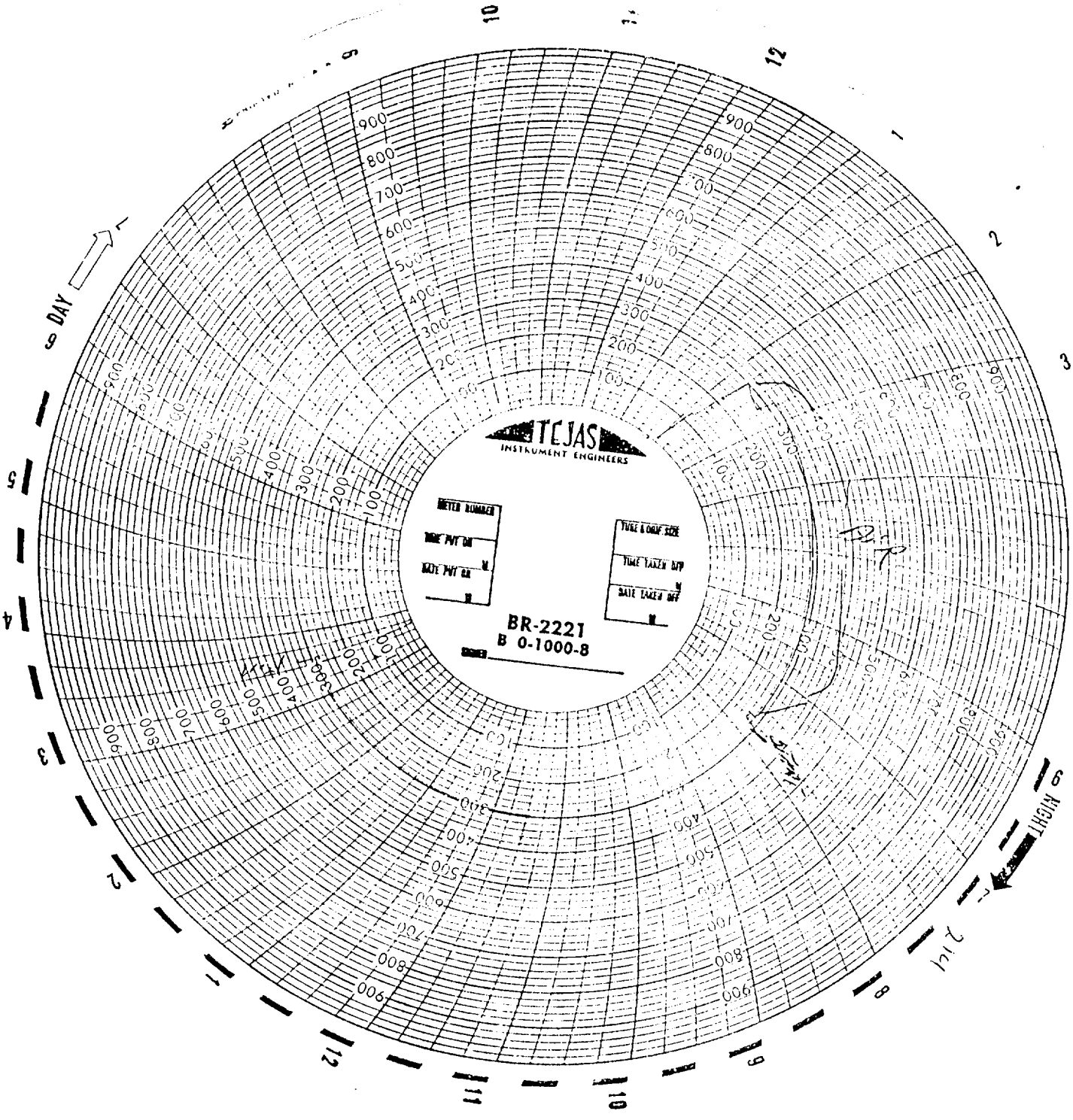

CIY USA INC
CCQU 2.14
10-14-91

Form 3160-5
(November 1983)
(Formerly 9-331)

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

5. LEASE DESIGNATION AND SERIAL NO: NMLC029489B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 ☐ GAS WELL ☐ OTHER Water Injection

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: OXY USA Inc.

8. FARM OR LEASE NAME: Central Corbin Queen Ut

3. ADDRESS OF OPERATOR: P.O.Box 50250 Midland, TX. 79710

9. WELL NO.: 214

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

G

2310 FNL 2310 FEL Sec 4 T18S R33E

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.: 300252970000S01

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS R9337 ☐	(Other)	
(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 - 5000′ PBTD - 4240′ Perfs - 4163-4185′

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 @ 4070′. Acidize Queen perfs 4163-4185′ w/2500 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 @ 4070′. NDBOP, NUWH, RDPU. Run csg integrity test.

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

SIGNED David Stewart TITLE Prod. Acct. 915-685-5717 DATE 9/11/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9/21/91

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side

RB

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.