

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other Instructi  
verse side)

DATE  
on re-

Form approved,  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. NMLC029489A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME CENTRAL CORBIN QN UT	
8. FARM OR LEASE NAME		9. WELL NO. 103	
10. FIELD AND POOL, OR WILDCAT CORBIN, QUEEN CENTRAL		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 9 T18S R33E	
12. COUNTY OR PARISH LEA		13. STATE NM	
14. PERMIT NO. 300252973700S01		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3988	
16. NAME OF OPERATOR OXY USA INC.		17. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710	
18. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL 1980 FEL SWNE		19. FIELD AND POOL, OR WILDCAT CORBIN, QUEEN CENTRAL	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) REPLACE TBG & TEST	<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 - 4350' PBTD - 4314' PERFS - 4236' - 4262'

MIRU PU 9/20/93, NDWH NUBOP, POOH W/ FG TBG & PKR. RIH W/ GUIB G-6 PKR, ON/OFF TOOL & 2-3/8" PL TBG & SET @ 4178'. CIRC HOLE W/ PKR FLUID. NDBOP, NUWH, TEST TO 500#, HELD OK, RDPV 9/20/93, PUT WELL BACK ON INJECTION.

ACCEIVED  
(ORIG. SGD.) DAVID R. GLASS  
CARLSBAD, NEW MEXICO

RECEIVED  
NOV 19 11 17 AM '93  
CARLSBAD, NEW MEXICO

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

SIGNED David R. Glass 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

