

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
reverse side)

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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. NMNM84603X	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME CENT. CORBIN QUEEN UT.	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL 1980 FEL Sec 9 T18S R33E		9. WELL NO. 103	
14. PERMIT NO. 300252973700S01		10. FIELD AND POOL, OR WILDCAT CORBIN QUEEN, CENTRAL	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA Sec 9 T18S R33E	
		12. COUNTY OR PARISH LEA	13. STATE NM

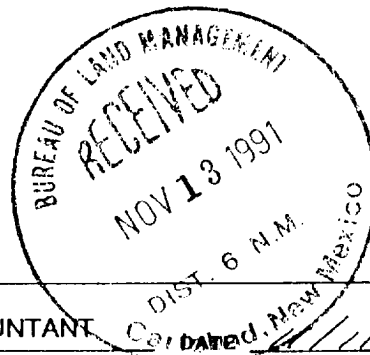
16. Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

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"/>
FRAC TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRAC TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>CONVERT TO WATER INJECTION</u>	(Other) <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, POOH W/ RODS, PUMP & TBG, NDWH, NUBOP. CO TO 4314', RIH W/ RTTS & SET @ 4143', TEST CSG TO 1000#, HELD OK. ACIDIZE QUEEN PERFS (4236-4262') W/ 3000 GAL 15% NEFE HCL ACID, SWAB BACK LOAD. POOH, RIH W/ GUIBERSON C-6 PKR & 2-3/8 FG TBG & SET @ 4152'. NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 300#, HELD OK, RDP. WELL READY FOR INJECTION.



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

SIGNED

[Signature]

TITLE

PRODUCTION ACCOUNTANT

(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.

RNB

