

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

ATB
A-10

Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NMLC029489A
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

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Central Corbin Queen Ut.

9. WELL NO.

103

10. FIELD AND POOL, OR WILDCAT

Corbin Queen, Central

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

Sec 9 T18S R33E

14. PERMIT NO.
300252973700S01

15. ELEVATIONS (Show whether DF, RT, CR, 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other) Convert to Water InjectionX

(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.)*

R-9337

TD - 4350' PBTD - 4314' Perfs - 4236-4262'

- 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 @ 4140'. Acidize Queen perfs 4236-4262' w/3000 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 @ 4140'. NDBOP, NUWH, RDP. Run csg integrity test.

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

SIGNED

David Stewart

TITLE

Prod. Acct.

DATE

9/11/91

(This space for Federal or State office use)

915-685-5717

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

9/21/91

Subject to
Like Approval
by State

*See Instructions on Reverse Side