

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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 NMNM55149	
2. NAME OF OPERATOR OXY USA Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O.Box 50250 Midland, TX. 79710		7. UNIT AGREEMENT NAME	
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 Sec 9 T18S R33E		8. FARM OR LEASE NAME Central Corbin Queen Ut	
14. PERMIT NO. 300252973900S01		9. WELL NO. 404	
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		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	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

WELL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(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 - 4350' PBTD - 4288' Perfs - 4258-4271'

- 1) MIRU PU. TOOH & LD pump & rods. NDWH, NUBOP. TIH w/ tbq & tag PBTD. TOOH w/ tbq.
- 2) TIH w/ RB & tbq & CO fill to PBTD. TOOH w/ RB & tbq.
- 3) TIH w/ pkr & 2-3/8" tbq & set @ 4160'. Acidize Queen perfs 4258-4271' w/2000 gal 15% NeFe HCl acid & flush w/2% KCl wtr.
- 4) Swab back load.
- 5) TOOH w/ pkr & tbq. TIH w/ injection pkr & 2-3/8" tbq & set @ 4160'. 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)

APPROVED BY

TITLE

DATE

9/21/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side