Form approved. Ferm 3160-5 UNITED STATES Budget Bureau No. 1004-0135 ED STATES SUBMIT IN TRI OF THE INTERIOR (Other instruction verse aide) (November 1983) Expires August 31, 1985 (Formerly 9-331) DEPARTME 5. LEASE DESIGNATION AND SESIAL HO BUREAU OF LAND MANAGEMENT NMLC029489A 6. IF INDIAN, ALLOTTER 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.) 7. UNIT AGREEMENT NAME WELL WELL OTHER Water Injection NAME OF OPERATOR S. PARM OR LEASE NAME OXY USA Inc. Central Corbin Queen Ut 3. ADDRESS OF OPERATOR 9. WELL NO. P.O.Box 50250 Midland, TX. 79710 104 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* 10. FIELD AND POOL, OR WILDCAT At surface Corbin Queen, Central 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 660 FNL 790 FEL Sec 9 T18S R33E Sec 9 T18S R33E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 18. STATE 300252974000s01 NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

SOURCE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SEUT-OFF	PULL OR ALTER CASING	WATER BRUT-OFF	REPAIRING WELL
FRACTURE TREAT	NULTIPLE COMPLETE	FRACTURE TREATMENT	ALTREING CASING
AHOOT OR ACIDIZE	ABANDON®	SECOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS PORTS	(Other)	
(Other) Convert t	o Water InjectionX	(Nors: Report results of mul Completion or Recompletion R	tiple completion on Well
ESCRIBE PROPOSED OR COMP.	ETVI OUERATIONS (Clausia at at all mosts)		-port and Dog torm.)

7. 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 sones pertinent to this work.)\*

TD - 4325' PBTD - 4312' Perfs - 4213-4242'

- 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 @ 4120'. Acidize Queen perfs 4213-4242' 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 @ 4120'. NDBOP, NUWH, RDPU. Run csg integrity test.

18. I hereby certify that the foregoing is true and c	orrect			
SIGNED MALL	TITLE _	Prod. Ac	ct.	DATE 9/12/91
David Stewart		915-685-	5717 OF 1440	DAIN
(This space for Federal or State office use)			AF AU OF COM	Max
APPROVED BY	TITLE _		I & RHIHIV	DATE 7/21/41
CONDITIONS OF APPROVAL, IF ANY:		9	1 451	
Subject to		1	SFD.	
Like Approva			SEP 1 3 79	391
by State	*See Instructi	ons on Revense	SHOIST 6 N.M.	
Title 18 U.S.C. Section 1001 materials and the			N.M.	/
Title 18 U.S.C. Section 1001, makes it a crime	tor any person l	knowingly and v	vilNully to make to any	dear-ment or agency of the

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