

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other, instructive on re-
verse 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 NMLC029489B
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 660 FNL 1980 FWL Sec 4 T18S R33E		8. FARM OR LEASE NAME Central Corbin Queen Ut
14. PERMIT NO. 300252977700S01		9. WELL NO. 209
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Corbin Queen, Central
		11. SEC., T., R., N., OR BLE. AND SURVEY OF AREA Sec 4 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:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANE ☒ R9337

(Other) Convert to Water Injection X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐

(Other) _____
(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 - 4450' PBTD - 4398' Perfs - 4152-4166'

- 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 @ 4060'. Acidize Queen perfs 4152-4166' w/2000 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 @ 4060'. NDBOP, NUWH, RDP. Run csg integrity test.

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

SIGNED David Stewart
(This space for Federal or State office use)

TITLE Prod. Acct.
915-685-5717

DATE 9/12/91

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 9/21/91

Subject to
Like Approval
by State

*See Instructions on Reverse Side