

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instruction on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO
NMLC028489B
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR OXY USA Inc. | 8. FARM OR LEASE NAME Central Corbin Queen Unit |
| 3. ADDRESS OF OPERATOR P.O. Box 50250 Midland, TX. 79710 | 9. WELL NO. 210 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL 660 FWL Sec 4 T18S R33E E | 10. FIELD AND POOL, OR WILDCAT Central Corbin Queen |
| 14. PERMIT NO. 300252978100S01 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 4 T18S R33E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4013' | 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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) TA'd - Casing Test | |
| (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 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.)*

Federal AE #10

TD - 4275' PBTD - 4226' Perfs 4134' - 4138'

This well is temporarily abandoned. Please see attached for casing pressure test.

APPROVED FOR 12 MONTHS

DATE 3/31/92

RECEIVED
MAY 6 7 47 AM '91
CARLETON COLLEGE
AREA INDUSTRIES

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

SIGNED

David Stewart

TITLE

Production Accountant

DATE

5/2/91

(This space for Federal or State office use)

PETROLEUM ENGINEER

APPROVED BY

Orig. Signed by Adam Salameh

TITLE

DATE

5-20-91

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.

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