

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 CENTRAL CORBIN QN UT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL 560 FWL SWNW		8. FARM OR LEASE NAME	
14. PERMIT NO. 300252979800S01		9. WELL NO. 212	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4025		10. FIELD AND POOL, OR WILDCAT CORBIN, QUEEN CENTRAL	
		11. SEC, T, R, M, OR BLK AND SURVEY OR AREA SEC 3 T18S R33E	
		12. COUNTY OR PARISH LEA	13. STATE NM

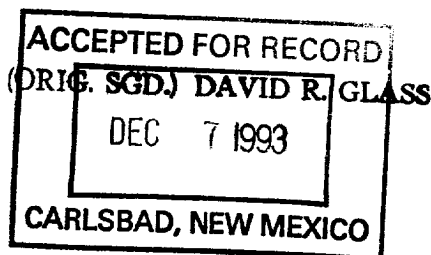
16. Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>REPLACE TBG &amp; TEST</u> <input checked="" type="checkbox"/>	
(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 five 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 - 4300' PBTD - 4260' PERFS - 4211' - 4215'

MIRU PU 9/22/93, NDWH NUBOP, POOH W/ FG TBG & PKR. RIH W/ GUIB G-6 PKR, ON/OFF TOOL & 2-3/8" PL TBG & SET @ 4082'. CIRC HOLE W/ PKR FLUID. NDBOP, NUWH, TEST TO 500#, HELD OK, RDPU 9/22/93, PUT WELL BACK ON INJECTION.



RECEIVED  
NOV 19 11 16 AM '93  
CARLSBAD AREA

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

SIGNED <u>[Signature]</u>	TITLE <u>REGULATORY ANALYST</u>	DATE <u>11/16/93</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

