

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 26884-A
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 2310' FNL & 330' FEL	8. FARM OR LEASE NAME Federal AG
14. PERMIT NO. 30-025-30326	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3924 GR	10. FIELD AND POOL, OR WILDCAT Wildcat (Wolfcamp)
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 8-T18S-R33E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spudding & Surface Casing	<input checked="" type="checkbox"/>		<input checked="" 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.)\*

T.D. 365' Red Beds. Prep to drill ahead. MIRU a rotary and spudded a 17 1/2" hole @ 0700 MDT on 4-8-88 and drilled to a T.D. of 365' in Red Beds. Ran and set 9 joints (367.81') of 13 3/8" OD 48# casing @365' and cemented w/400 sacks of Class C + 2% CaCl<sub>2</sub> cement. PD @ 1550 MDT on 4-8-88. Cement circulated to surface. WOC 18 hrs. tested 13 3/8" casing for 30 minutes- OK.

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

SIGNED J. A. V. [Signature] TITLE Dist. Oper. Mgr. - Prod. DATE 4-12-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS

RECEIVED

MAY 2 1988

OCD  
HOBS OFFICE