

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-029141 - 8910086960

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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☐ INJECTION

2. NAME OF OPERATOR
OXY USA INC.

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

UNIT AGREEMENT NAME
EAST EUMONT UNIT

LEASE OR LEASE NAME

3. ADDRESS OF OPERATOR
P.O. BOX 50250 MIDLAND, TX 79710

9. WELL NO.
19

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2065 FNL 660 FEL SENE

10. FIELD AND POOL, OR WILDCAT
EUMONT YATES 7 RVR QN

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 4 T19S R37E

14. PERMIT NO.
300250554600S01

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3675

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

RE-ACTIVATE

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

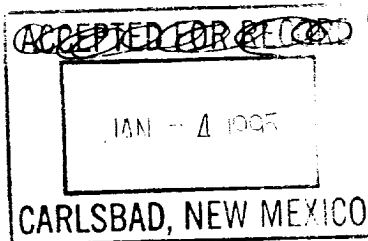
ALTERING CASING

ABANDONMENT*

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 - 4025' PBTD - 3938' PERFS - 3866' - 3932'

SEE OTHER SIDE



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

SIGNED

TITLE

REGULATORY ANALYST

DATE

11/23/93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA

TITLE

PETROLEUM ENGINEER

DATE

11/4/95

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side