

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-02814 - 8910086960

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-029141

7. UNIT AGREEMENT NAME

EAST EUMONT UNIT

8. FARM OR LEASE NAME

9. WELL NO.

18

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

12. COUNTY OR PARISH

LEA

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ INJECTION

2. NAME OF OPERATOR

OXY USA INC.

3. ADDRESS OF OPERATOR

P.O. BOX 50250 MIDLAND, TX 79710

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

1837 FNL 1650 FEL SW-NE

14. PERMIT NO.

300250554700S01

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

3691

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☒  
☐

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

☐  
☐  
☐  
☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☒

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

CONVERT TO INJECTION

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
☒

(Other)

CONVERT TO INJECTION

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 - 3940' PERFS - 3753' - 3916'

MIRU PU 5/25/93, NDWH, NUBOP. POOH, RIH W/ GUIB G-6 & 2-3/8" TBG, TEST TO 5000#, CIRC W/ PKR FLUID & RESET PKR @ 3674', NDBOP, NUWH, TEST CSG TO 500#, RDPU 5/25/93. PUT WELL BACK ON INJECTION.

RECEIVED  
JUN 10 10 40 AM '94  
CARD  
AREA

J. Lara

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

SIGNED

*[Signature]*

TITLE

REGULATORY ANALYST

DATE 6/7/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side