

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	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION		7. UNIT AGREEMENT NAME EAST EUMONT UNIT	
2. NAME OF OPERATOR OXY USA INC.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		9. WELL NO. 18	
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		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. 300250554700S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691	12. COUNTY OR PARISH LEA	13. STATE NM

Check Appropriate Box To Indicate Nature of Notices, 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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/>

CONVERT TO INJECTION

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(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 - 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.

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 FOR RECORD ONLY TITLE

DATE JUN 22 1994

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.

RECEIVED

JUN 6 1964

OCD ROOM
OFFICE