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Form 3160-5 (November 1983) UNI) STATES SUBMIT IN TRIPL "E*	Form approved. Budget Bureaus No. 1004-01; Expires August 31, 1985	35
(Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions re-	5 LEASE DESIGNATION AND SETIAL NO.	
BUREAU OF LAND MANAGEMENT Verse side)	NM-02814 - 8910086960	
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.	6. FINDIAN, ALLOTTEE ORTRIBE NAME	
Use "APPLICATION FOR PERMIT" for such proposals.)		
OIL GAS OTHER INJECTION	7.UNITAGREEMENT NAME EAST EUMONT UNIT	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
OXY USA INC.		
P.O. BOX 50250 MIDLAND, TX 79710	a.WELLNO.	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT	_
At surface	EUMONT YATES 7 RVR Q	N_
1837 FNL 1650 FEL SW-NE	SURVEY OR AREA	
14. PERMIT NO. 15. ELEVATIONS (Showwheter DF, RT, GR, etc.)	SEC 4 T19S R37E	
300250554700S01 3691	LEA NM	
Check Appropriate Box To Indicate Nature of Notices, Report, or	_ ' ' ' ' ' ' ' '	—
NOTICE OF INTENTION TO .	QUENT REPORT OF:	
TESTWATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT*	
REPAIRWELL CHANGE PLANS (Other) CONVERT TO INL	IECTION	
	multiple completion on Well etion Report and Log form.)	
proposed work. If well is directionally drilled, give subsurface locations and measured and true vert		any enti-
nent to this work.)*		
TD - 4025' PBTD - 3940' PERFS - 3753' - 39	16'	
MIDI DI 11/16/02 NDWILL NUROR BULG TAG G COCCUE DO TO TO		
MIRU PU 11/16/93, NDWH, NUBOP, RIH & TAG @ 3765'. DO TO 3970', CHC. RIH & SE ADD'L INTERVAL @ 3753-74, 83-89, 3794-3812, 32-42, 90-3897'. DUMP 2SX CMT ON 1	ET CIBP @ 3960'. PERF	
- 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ GUIB G-6 & 2-3/8" TBG & SFT PKR @ 3	8674' NDROP NUMU CIDO	
W/ PKR FLUID, TEST CSG TO 600#, RDPU 11/24/93. PUT WELL ON INJECTION 3/21/9	94 @ 49BWPD @ 700#.	
18. Thereby certify that the foregoing is true and correct		
SIGNED TITLE REGULATORY ANALYST	DATE 6/7/94	
(This space for Federal or State office use) APPROVED BY FOR RECORD ONLY	111y 22 190	=

CONDITIONS OF APPROVAL, IF ANY:

