

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons.
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM89873
2. Name of Operator OXY USA Inc. 16696	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 50250 Midland, TX 79710-0250 915-685-5717	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650 FNL 1650 FWL SENW(F) Sec 21 T20S R36E	8. Well Name and No. 18738 OXY Tiger Federal #1
	9. API Well No. 30-025-33346
	10. Field and Pool, or Exploratory Area Wildcat Bone Springs
	11. County or Parish, State Lea NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)

TD - 11100' PBD - 11070' PERFS - 10934-10976'

1. MIRU DD workover rig with sills or pipe racks, respirators, and H2S monitors. Contact BLM and notify of intent to set cement plug.
2. POOH W/ 5-1/2" Baker GST packer and 2-3/8" production string.
3. Set CIPB at approximately 10,900' with 10sx cmt on top to P&A Morrow.
4. Perforate 5-1/2" casing at approximately 9600' and establish circulation.
5. RU cementers and pump 250 sx Super C Modified bringing cement to approximately 8000 ft.
6. RU perforators and perforate Bone Springs pay from 9300-9304' (4 spf).
7. Acidize perfs 9300-9304' with 500 gals 15% HCL to clean out perfs. Flow or swab test.
8. If insufficient fluid entry is tested from zone at 9300-9304', a decision will be made to either pump a larger acid job or perforate additional pay at 9306-9318'. (The lower zone is washed out on logs and could be wet)

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

Signed David Stewart Title Regulatory Analyst Date 2/20/98

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA Title PETROLEUM ENGINEER Date FEB 20 1998

Conditions of approval, if any:

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102

Revised February 10, 1994

Instruction on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-33346	Pool Code	Pool Name Wildcat Bone Springs
Property Code 18738	Property Name OXY Tiger Federal Com.	Well Number 1
OGRID No. 16696	Operator Name Oxy USA Inc.	Elevation 3600'

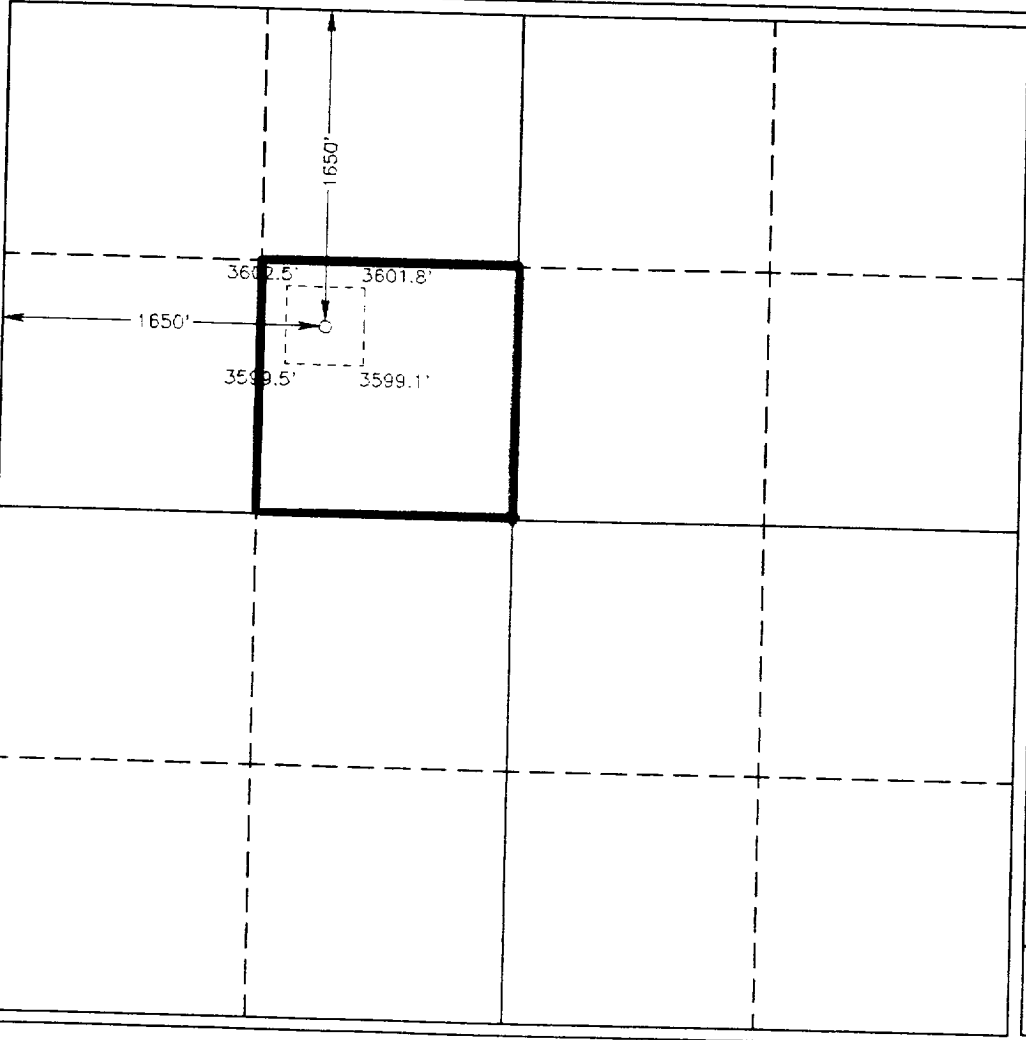
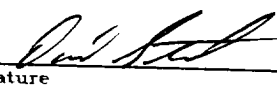
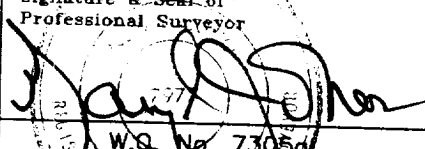
Surface Location

UL or lot No. F	Section 21	Township 20 S	Range 36 E	Lot Idn	Feet from the 1650	North/South line North	Feet from the 1650	East/West line West	County Lea
--------------------	---------------	------------------	---------------	---------	-----------------------	---------------------------	-----------------------	------------------------	---------------

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 40	Joint or Infill N	Consolidation Code	Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.</p> <p> Signature David Stewart Printed Name Regulatory Analyst Title 2/20/98 Date</p> <p>SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>May 22, 1997 Date Surveyed Signature & Seal of Professional Surveyor  W.S. No. 7305d Certificate No. Gary AND Jones 7977 BASIN SURVEYS</p>
---	---