Form \$160-5 (November 1983) (Formerly 9-331)	DEPART	UNI D STA MEN. OF TH JOFLAND MAI	IE INTERIO	CODMINITED TO	WENN WEN	orm approved. udget Bureaus No kpires August 31, Gerge Hand DS 138170-LC060	SERIAL NO.	
	DRY NO	TICES AND sals to drill or to d	REPORTS C	to a different reservoir.	6.FNDV	AN, ALLOTTEE OR THE	BE NAME	
Use "APPLICATION FOR PERMIT" for such proposals.)						7.UNIT AGREEMENT NAME		
OL CAS OTHER						MYERS LANGLIE MATTIX 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.		
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 660 FNL 1980 FEL NWNE						LANGLIE MATTIX 7R Q-G 11. SEC, T, R, M, OF BLK AND SURVEY OR AREA		
						SEC 30 T23S R37E		
14. PERMIT NO.		15, ELEVATIONS (Show	wheter DF, RT, GR, e	lc.)			13 STATE	
3002510897 00S	01			3330	LEA		NM	
Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data								
NOTICE	OF INTENTION T	0:	1		SUBSEQUENT RE	PORT OF:		
TESTWATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	HUL ABA	LORALTER CASING TIPLE COMPLETE NDON* NGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)		REPAIRING WE ALTERING CAS ABANDONMEN	SING	
(Other) TEMPORA	LLI DII V ARAN	DON	X	•	-	completion on We port 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.)*								
						÷ 1		
						~		
	TD -	3652' PBTD	- 3652' PE	RFS - 3476'-3652'		:	1 to	
OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR FUTURE DEVELOPMENT ON 40 ACRE 5 SPOT PATTERNS.								
1) MIRU PU. TIH W/ CIBP & SET @ 3400'.								
2) NOTIFY BLM OF	CASING IN	TEGRITY TEST	24HRS IN AD\	/ANCE.				
3) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 500# FOR 30 MIN.								
3) NU PUMP INUUN	, CIRCULA	IL AAETE AAIIL	INEATED WA	HEN, FRESSURE IE	SI CASING	10 500# FOR	4 30 IVIIN.	
	/							
18. Thereby certify that the foreg	oing is this and	correct /						
SIGNED CO	E/JU	uf _	TITLE ENGI	NEERING ADVISOR		1/10/95 PATE ewar t 915-6	585-5717	
(This space for Federal or St	ate office use)		7					
APPROVED BOR	g. SGD.)	JOE G. LAR	IIILE	ETROLEUM EN	GINEER .	DATE <u>2/28</u>	195-	
CONDITIONS OF AP	PHOYAL, IF	in See a	Hached.			/		

*See Instructions on Reverse Side