Form 3160-5 (November 1983)		D STA			Form approved. Budget Bureaus No. 1004-0135 Expires August 31, 1985 Form approved. Budget Bureaus No. 1004-0135 Expires August 31, 1985			
(Formerly 9-331)		AEIL. OF TH		verse side)		3170 - LC032545		
CIII	IDDY NOT	OF LAND MAN	PEPORTS O	N WELLS		LLOTTEE OR TRIBE NA		
(Do not use thi	s form for propo	sals to drill or to de	epen or plug back	to a different reserving sals.)	& FROM			
	Use "APPLICA	TION FOR PERMIT	Tor such propo	sais.)		EMENT NAME		
OL WELL OTHER						MYERS LANGLIE MATTIX UNIT		
2 NAME OF OPERATOR						8. FARM OR LEASE NAME		
	OXY USA IN	C.		~4,0°				
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710						263		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface						LANGLIE MATIXX 7R Q-G 11. SEC, T, R, M, ORBLK AND		
1398 FSL 1564 FEL NWSE						SURVEY OR AREA		
1396 F3E 13041 EE 1446E						T23S R37E		
14. PERMIT NO.		15 ELEVATIONS (Sho	wwheter DF, RT, GR, e	ic.)	12 COUNTY			
30-025-32555		<u> </u>		3310	LEA	NM	<del></del>	
16.	Check Appro	opriate Box To	Indicate Natu	re of Notices, Report	t, or Other Da	ıta		
NOT	ICE OF INTENTION T	<b>o</b> :	İ		SUBSECUENT REPOR	rror: I		
TESTWATER SHUT-OF		LORALTER CASING LTIPLE COMPLETE	B	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACDIZING	F	REPAIRING WELL ALTERING CASING ABANDONMENT*		
*100TORACIDIZE *1ELL		NDON* ANGEPLANS		(Other) SFT PROD (Note: Report re	CASING & CEI sults of multiple co lecompletion Repor	mpletion on Well	لعا	
proposed work. nent to this work.)		directionally drilled,	give subsurface to	cations and measured and t	ne vence copus			
CASING & SET @	3925'. M&P CCL + .3% H. FIED DID NO	880sx CL C W ALAD-9, DISPLA WITNESS, WO	/ 15# SALT + ACE W/ FW. PL	NS-PDS-DLS-MLS-GR 1/4#/sx CELLO-FLAH LUG DOWN @ 1330H N TEMP SVY, TOC-10	RS MDT 7/6/9	4, CMT DID NO	T	
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							7.	
							(1) (2)	
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				ASZ		H	171	
				re Z		呈	0	
						75 <b>9</b>		
18. Thereby certify that the	foregoing is true an	d correct	TITLEREG	GULATORY ANALYST	DA	7/7/94		
(This space for Federa	or State office use)							
APPROVED BY			TITLE		D/	ATE		
ALL ROTED DI								

CONDITIONS OF APPROVAL, IF ANY: