

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0135
SUBMIT IN ORIGINALS.
(Other Provisions of 31, 1985)
5. LEASE DESIGNATION AND SERIAL NO.
8910138170 - LC032545B
HOBBS, NEW MEXICO 88240

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME MYERS LANGLEIE 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. 261	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1340 FSL 1300 FWL NWSW		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX 7R Q-G	
		11. SEC. T. R. M. OR BLK AND SURVEY OR AREA SEC 31 T23S R37E	
14. PERMIT NO. 30-025-32559	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3323	12. COUNTY OR PARISH LEA	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>SPUD, SET SURE CASING & CEMENT</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

MIRU ROD RIC #10, SPUDDED 12-1/4" HOLE @ 1515HRS MDT 7/15/94, DRILL TO TD @ 420', CHC. RIH W/ 8-5/8" 24# CASING & SET @ 419'. M&P 260sx CL C W/ 2% CACL2 + 1/4# /sx CELLO-FLAKE, DISPLACE W/ FW, PLUG DOWN @ 2023HRS MDT 7/15/94, CIRC 72sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC-8HRS. NU BOP & TEST, DRILL OUT & TEST, DRILL AHEAD.

RECEIVED
JUL 27 10 41 AM '94
CANT AREA

J. Lane

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>REGULATORY ANALYST</u>	DATE <u>7/26/94</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

AUG 13 1984

**REGISTRATION
OFFICE**