

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

For approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

OXY USA INC.

3. ADDRESS OF OPERATOR

P.O. BOX 50250 MIDLAND, TX 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2560 FSL 120 FWL NWSW

14. PERMIT NO.

30-025-32588

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3317

5. LEASE DESIGNATION AND SERIAL NO.

10138170 - LC032545b

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MYERS LANGLEIE MATTIX UNIT

8. FARM OR LEASE NAME

9. WELL NO.

258

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

12. COUNTY OR PARISH

LEA

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

☐
☐
☐
☐
☐

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

☐
☐
☐
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐
☒

SET PROD CASING & CEMENT

(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.)*

DRILL 7-7/8" HOLE TO TD @ 3825', 8/8/94, CHC. RIH W/ PDS-CNS-DLS-MLS-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3825'. M&P 600sx CL C W/ 15# SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + .3% HALAD-9, DISPLACE W/ FW, PLUG DOWN @ 0735HRS MDT 8/9/94, CIRC 80sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC. REL RIG 8/9/94. SI WO COMPLETION UNIT.

J. Lora

RECEIVED
AUG 11 11 23 AM '94

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

SIGNED

[Signature]

TITLE

REGULATORY ANALYST

DATE

8/10/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

2017-2018

SEI - C. 100

2017-2018