

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on reverse side)

Form 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. CASE DESIGNATION AND SERIAL NO. 8910136-170 - LC032545b	
2. NAME OF OPERATOR OXY USA INC.		6. IF IN NE, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		7. UNIT AGREEMENT NAME MYERS LANGLEIE MATTIX UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. * See also space 17 below.) At surface 1350 FSL 2380 FWL NESW		8. FARM OR LEASE NAME	
		9. WELL NO. 262	
		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. 30-025-32590	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3315	12. COUNTY OR PARISH LEA	13. STATE NM

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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) <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

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 @ 3850', 7/27/94, CHC. RIH W/ PDS-CNS-DLS-MLS-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3850'. M&P 900sx CL C W/ 15# SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + .3% FL-52, DISPLACE W/ FW, PLUG DOWN @ 1520HRS MDT 7/28/94, CIRC 100sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC. REL RIG 7/28/94. SI WO COMPLETION UNIT.

3 535

Aug 11 11 20 AM '94  
RECEIVED

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