Form 3160-5		ES		FORM APPROVED	
(November 1994)	DEPARTMENT OF THE INTERIOR		N.M. Oil Cons. Division OMB No. 1004-0135 Expires July 31, 1996		
0111D	BUREAU OF LAND MAN		1625 N. French	Dr. Lease Serial No.	
SUNDI Do not use t	TY NOTICES AND REP	ORTS ON WEL	Hobbs, NM 88	2 AMTIOTX -NMO32450A	
abandoned w	vell. Use Form 3160-3 (Al	PD) for such prop	nter an <sup>e</sup> , posais.	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Other				South Mattix Unit Federal 8. Well Name and No.	
2. Name of Operator Occidental Permian Limited Partnership				5	
3a. Address 3b. Phone No. (include area code)				9. API Well No. 30-025-11201	
P.O. box 50250 Midland, TX 79710 915-685-5717 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or Exploratory Area		
1980 FNL 660 FEL SENE(H) Sec 22 T245 R37E				11. County or Parish, State	
				Lea, NM	
12. CHECK AI	PROPRIATE BOX(ES)	TO INDICATE N	ATURE OF NOTICE, R	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION		
X Notice of Intent	Acidize	Deepen	Production (Star	t/Resume) 🖸 Water Shut-Off	
Subsequent Report	<ul> <li>Alter Casing</li> <li>Casing Repair</li> </ul>	<ul> <li>Fracture Treat</li> <li>New Construct</li> </ul>		Well Integrity	
G Final Abandonment Notice	Change Plans	Plug and Aban		Other  pandon	
	Convert to Injection	Plug Back	Water Disposal		
Attach the Bond under which the following completion of the inv	he work will be performed or pr olved operations. If the operation al Abandonment Notices shall	ovide the Bond No. o on results in a multiple be filed only after all	coupletion or recompletion requirements, including recla	ny proposed work and approximate duration thereof. le vertical depths of all pertinent markers and zones. Ired subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once amation, have been completed, and the operator has PTED FOR RECORD NOV 1 5 2000 BLAM	
14. I hereby certify that the foregoin, Name (Printed Typed) Nauid Ster Signature	sort h	Title Date	e Regulato	ony Analyst Bloo	
Approved by		OR FEDERAL O	R STATE OFFICE USE		
			Title	Date	
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to complete	OF POUTABLE TITLE TO THOSE such	e does not warrant or is in the subject lease	Office	I	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

## SOUTH MATTIX UNIT NO. 5 DRINKARD RECOMPLETION

 TD:
 11,150

 PBTD:
 7,249' RBP@7144'

 PERFS:
 SILURIAN 7,151-7172',

- 1. MIRU PU. POOH W/RBP. RBIH AND SET CIBP @ 6900'. DUMP 2SX CMT ON TOP.
- 2. RU SCHLUMBERGER AND RIH W/3-3/8" CASING GUNS LOADED 2 SPF /POWERJET 3406 22.7 GRAM CHARGES TO PERFORATE DRINKARD AT 6124'-6134' and 6224'-6234' at 4 spf.
- 3. RIH W/2-3/8" TUBING, PACKER AND SET PLUG TO ACIDIZE EACH ZONE W/1000 GALS 15% NeFe HCL. SWAB BACK. POOH W/ PACKER AND PLUG.
- 4. RU HALLIBURTON AND WHIT TO FRACTURE TREAT DRINKARD PERFS DOWN 4-1/2 CASING AT AS FOLLOW:

Halliburton to stimulate the Drinkard Formation using 43,000 gallons of Delta Frac 140 while placing 100,000 lbs of 20/40 Ottawa Sand. Treatment rate will be 35 bpm with an anticipated treatment pressure of 2900 psi. Sand stages will be coated with the Conductivity Enhancer Sandwedge. A 2ppg sand slug will be pumped during the pad to check for tortuosity and multiple fractures. Be prepared to increase the rate to 40+ bpm if an excessive pressure response is seen with the sand slug. Mark flush at 4 ppg using the well head densomter. Flush 1 bbl short of the top perforation.

## 5. FLOW BACK. RD WHI EQUIPMENT.