

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse 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.)		5. LEASE DESIGNATION AND SERIAL NO. 8910084910	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME W. DOLLARHIDE QN SD UT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FSL 2140 FEL NWSE		9. WELL NO. 14	
		10. FIELD AND POOL, OR WILDCAT DOLLARHIDE QUEEN	
		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 30 T24S R38E	
14. PERMIT NO. 30-025-12258	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3142	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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

TD - 3943' PBTD - 3900' PERFS - 3612' - 3780'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH & TAG @ 3690', CLEAN OUT TO 3900'. PERFORATE ADD'L INTERVAL 3612-3620, 3778-3780' TOTAL 24 SHOTS. ACIDIZED PERFS W/ 2100 GAL 10 % NEFE HCL ACID. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & SET @ 3553', NDBOP, NUWH. PRESS CSG TO 350# -15MIN, HELD OK, TEST WITNESSED BY CHARLIE PERRIN - NMOC. RDP. START INJECTING 510 BWPD @ 1200#.

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

SIGNED 	TITLE PROD. ACCT.	DATE 4/13/93
(This space for Federal or State office use)		
APPROVED BY FOR RECORD ONLY	TITLE OCD	DATE APR 15 1993
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

