

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
Budget Bureau No. 1004-0135
Expires August 31, 1985
1980
HOBBS, NEW MEXICO
8910084910 - NM10185

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 INJECTION ☐

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

990 FNL 2310 FEL NW-NE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

W. DOLLARHIDE QN SD UT

8. FARM OR LEASE NAME

9. WELL NO.

6

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.

300251226300S01

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

3148

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

REPAIR TBG LEAK

(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 - 3914' PBTD - 3891' PERFS - 3688' - 3844'

MIRU PU 8/29/94, NDWH, NUBOP, POOH W/ TBG & PKR. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG, TEST TBG TO 5000# & REPLACE 1 JT TBG & PKR, CIRC W/ PKR FLUID & SET PKR @ 3654'. NDBOP, NUWH. PRESS CSG TO 340# -15MIN - HELD OK, NMOCD NOTIFIED BUT DID NOT WITNESS, RDPU 8/30/94. PUT WELL BACK ON INJECTION.

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

SIGNED

[Signature]

TITLE

REGULATORY ANALYST

DATE 9/16/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

