

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC
(Other Instructions o.
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.)

1. 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

14. PERMIT NO.

300251226300S01

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

3148

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W. DOLLARHIDE QN SD UT

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

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIR TBG LEAK

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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 7/21/94, NDWH, NUBOP, POOH W/ TBG & PKR. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG, TEST TBG TO 5000# & REPLACE 2 JTS TBG, CIRC W/ PKR FLUID & SET PKR @ 3625'. NDBOP, NUWH. PRESS CSG TO 375# -15MIN - HELD OK, RDPW 7/22/94. PUT WELL BACK ON INJECTION.

J. Lora
26

Aug 6 9 11 AM '94
RECEIVED

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

SIGNED

[Signature]

TITLE

REGULATORY ANALYST

DATE

8/4/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

