Form 3160-5	1		ES		SUBMIT IN TRIPI	TE•	Form approved. Budget Bureaus No. 1004-0135 Expires August 31, 1985		
(November 1983) (Formerly 9-331)	DEPART	E INTE	INTERIOR	(Other Instructions verse side)	. <b>10-</b>	5 LEASE DESIGNATION 8910084910	A - A	LNO. 10185-	
•	BUREAU	OF LAND MAN	AGEMEN	IT ON	WELLS		6 FINDIAN ALLOTTEE		IAME
SL (De pet use t		ICES AND R	nen or plu	a back to a	a dittelent leservoir.				
(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.)							7. UNIT AGREEMENT N	ME	
OL GAS OTHER (INJECTION)							& FARM OR LEASE NAM	Æ	
OXY USA INC.							W. DOLLARHIDE QN SD UT		
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710							a Well No. 6		
P.O. BOX 50250 MIDEAND, 1X 10110							10. FELD AND POOL, OR WILDCAT		
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)</li> </ol>							DOLLARHIDE QUEEN		
At surface			· +·	R			11. SEC, T., R., M., OR L SURVEY OR AREA	BLIK AND N	
990 F	'NL 2310 FH	EL NW/NE Z	imi	O			Sec 30 T2	4S R38	ξ.
		15. ELEVATIONS (Show	whether DE ET	T GB etc.)	······		12 COUNTY OR PARIS		TATE
14. PERMIT NO.		15. ELEVATIONS (Show	3148'				LEA	N	M
30-025- 122	<u>. 63</u>	arista Boy To l	odicate I	Nature d	of Notices, Repor	t, or	Other Data		
30-025-12203         1         S1+0           16         Check Appropriate Box To Indicate Nature of Notices, Report, O           NOTICE OF INTENTION TO :         I         SUB						SUBSE	EQUENT REPORT OF:		
			-		WATER SHUT-OFF		REPAR	INGWELL	
TESTWATER SHUT-		LORALTERCASING	H		FRACTURE TREATMENT		/	ING CASING XONMENT*	╵┝╾┥
FRACTURE TREAT		TIPLE COMPLETE	Ы	1	SHOOTING OR ACIDIZING (Other)				H
SHOOT OR ACIDIZE REPAIR WELL		NGEPLANS	П		Note: Report r	sults o	f multiple completion	on Well	-
(Other) 17. DESCRIBE PROPOS					Completion or details, and five pertine ons and measured and	at date	pletion Report and Lo	d date of	starting any
	<b>TD</b> - 3914	' PBTD -	3891'	F	PERFS - 3688'	- 38	344 '		
		SEE OTHER	SIDE				AREA	APR 16 10 23 M	RECEIVED
18. Thereby cently that I SIGNED	he pregoing is bus an main for the second s	d correct	TITLE .	PROD.			DATE		<u>5 /93</u> 192
APPROVED B		de G. LARA	TITLE	PETRO	LEUM ENGINEER		DATE	-101	
CONDITIONS	OF APPROVAL, I	ANY:							
		*See	Instruct	ions on	<b>Reverse Side</b>				

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 fradulent statements or representations as to any matter within its jurisdiction.

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- 1. MIRU PU. ND WH. NU BOP. Rel pkr & TOOH. TIH w/ 3-3/4" RB, 4 3-1/8" DCs & 4-1/2" CS on 2-3/8" tbg to 3891' PBTD. CHC. Recover a scale sample for analysis. TOOH.
- 2. TIH w/ RTTS pkr on 2-3/8" workstring. Set pkr @ 3630' and test csg to 500#. Rel pkr & TIH to 3844'. Spot 140 gal 15% NEFE HCl 3844 3630'. TOOH to 3630' & set RTTS. Pres csg to 500#. Az Queen (3688 3844') w/ 2360 gal 15% HCl in 3 stages pumping 400 gal gelled 10# brine carrying 400# rock salt between each stage (the total treatment comprises 2500 gal acid, 800 gal gelled brine, 800# rock salt). Flush to perfs w/ produced water. Swab or flow back load. Rel pkr & TOOH.
- 3. TIH w/ Baker AD-1 pkr on 2-3/8" PL tbg to 3630'. Circ annulus w/ pkr fluid & set pkr. Put well on injection, monitoring injection rate and pressure at the wellhead.
- \* 15% HCL to contain per 1000 gal: 1 gpt CI-23 (corrosion inhibitor) 1 gpt NE-15 (non-emulsifier) 10 gpt FE-300L (iron sequestrant) 10 ppt FE-200 (iron sequestrant) 2 gpt Clatrol 6 (clay control)
- \*Gelled 10# brine to contain per 1000 gal: 20 ppt GW-27 (gelling agent) 1 gpt NE-15 (non-emulsifier)