

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other Instructions  
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.)

☐ 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

1750 FNL 2310 FWL SE-NW

14. PERMIT NO.

300251228500S01

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

3114

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)

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PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

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

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REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

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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 - 3975' PBTD - 3886' PERFS - 3602' - 3785'

MIRU PU 7/11/94, NDWH, NUBOP, POOH W/ TBG, RIH W/ SPEAR & FISH PKR. CLEAN OUT SCALE TO 3886', RIH W/ BAKER AD-1 PKR & 2-3/8" TBG, TEST TBG TO 5000# & REPLACE PKR, CIRC W/ PKR FLUID & SET PKR @ 3490'. NDBOP, NUWH. PRESS CSG TO 350# -15MIN - HELD OK, WITNESSED BY NMOCD REP - CHARLIE PERRIN, RDPUR 7/15/94. PUT WELL BACK ON INJECTION.

Aug 8 9 14 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

