

N.M. OIL CONS. COMMISSION
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

P.O. BOX 1980
SUBMIT IN TRIPL
FOR INSTRUCTIONS ON REVERSE 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. LC069052	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
1. NAME OF OPERATOR OXY USA INC.		8. FARM OR LEASE NAME W. DOLLARHIDE QN SD UT	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		9. WELL NO. 33	
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		10. FIELD AND POOL, OR WILDCAT DOLLARHIDE QUEEN	
		11. SEC. T., R., M., OR BLK AND SURVEY OR AREA SEC 31 T24S R38E	
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 <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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>REPAIR TBG LEAK</u> <input type="checkbox"/>	(Other) <u>Y</u> <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 - 3975' PERFS - 3602' - 3785'

MIRU PU 4/13/94, NDWH, NUBOP, POOH W/ TBG & PKR. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & TEST, REPLACE 3 JTS TBG. RIH & CH W/ PKR FLUID & SET PKR @ 3489'. NDBOP, NUWH. PRESS CSG TO 360# -15MIN - HELD OK, RDPU 4/15/94. PUT WELL BACK ON INJECTION.

J. Lee

RECEIVED
JUN 7 10 30 AM '94

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>REGULATORY ANALYST</u>	DATE <u>5/27/94</u>
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

