

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other 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. LC067968	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. 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. 76	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 125 FSL 2300 FEL SWSE		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. 30-025-29995	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3117	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 <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>TEMPORARILY ABANDON</u>	(Other) <input checked="" 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 - 3842' PBTD - 3652' PERFS - 3587' - 3633'

MIRU PU 9/20/93, POOH W/ TBG. RIH & TAG @ 3650', TEST CSG CSG TO 500#, HELD OK. RIH & SET CIBP @ 3550', DUMP 5sx (35') CMT ON TOP. CIRC HOLE W/ PKR FLUID, NDBOP, NUWH. TEST CSG TO 500# FOR 30 MIN, HELD OK, NOTIFIED BLM & NMOCD, NMOCD WITNESSED TEST. RDPU 9/22/93, WELL TA'D.

APPROVED FOR 12 MONTH PERIOD
ENDING NOV 16 1993

RECEIVED
NOV 19 11 17 AM '93
CIVIL
ART

18. Thereby certify that the foregoing is true and correct

SIGNED David R. Glass TITLE REGULATORY ANALYST DATE 11/16/93

(This space for Federal or State office use)

APPROVED BY ORIG. SGD. DAVID R. GLASS TITLE Petroleum Engineer DATE DEC 07 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

