

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. LC069052	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME W. DOLLARHIDE QN SD UT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1250 FNL 1250 FEL NENE		9. WELL NO. 86	
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. 30-025-30083	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3134	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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

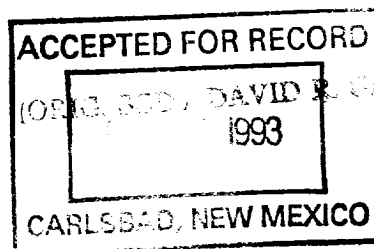
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 - 3859' PBTD - 3770' PERFS - 3575' - 3741'

MIRU PU 8/19/93, POOH W/ RODS & PUMP, NDWH, NUBOP, POOH W/ TBG. RIH & TAG @ 3593'. CO TO 3770', PERF ADD'L INTERVAL @ 2 SPF @ 3575-81, 3679-80, 93-94, 3698-3700, 24-26, 39-3741', TOTAL 40 HOLES. ACIDIZE W/ 3000 GAL 15% NEFE HCL ACID. RIH W/ 2-7/8" TBG & SET @ 3759', NDBOP, NUWH. RIH W/ 2-1/2" X 1-1/2" X 16' BHD PUMP ON 76-RD STR, RDPD 8/24/93. START WELL PUMPING 8/27/93 @ 12SPM X 86" STRK.

NMOCD POTENTIAL TEST 9/8/93 - 24HR 15-O 433-W 6-G 400-GOR 33.2



NOV 19 11 27 AM '93

RECEIVED

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE REGULATORY ANALYST DATE 11/16/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side