

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instructions on re-
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.)		5. LEASE DESIGNATION AND SERIAL NO. LC067968	
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 230 FNL 2630 FEL NWNE		9. WELL NO. 107	
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. 30-025-30173	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3150	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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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

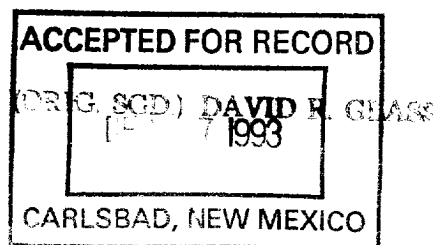
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and five pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD - 4040' PBDT - 3904' PERFS - 3693' - 3860'

MIRU PU 8/25/93, POOH W/ RODS & PUMP, NDWH, NUBOP, POOH W/ TBG. RIH & TAG @ 3904'. PERF ADD'L INTERVAL @ 2 SPF @ 3710-12, 41-44, 90-92, 3810-12, 37-45, 58-3860', TOTAL 50 HOLES. ACIDIZE W/ 3000 GAL 15% NEFE HCL ACID. RIH W/ 2-7/8" TBG & SET @ 3891', NDBOP, NUWH. RIH W/ 2-1/2" X 1-1/2" X 16' BHD PUMP ON 76-RD STR, RDPW 9/1/93. START WELL PUMPING 9/5/93 @ 13SPM X 86" STRK.

NMOCD POTENTIAL TEST 9/13/93 - 24HR 4-O 76-W 4-G 1000-GOR 33.2

RECEIVED
Nov 17 2 36 AM '93
BUREAU OF LAND MGMT.
HOBBS, NM



RECEIVED
Nov 19 11 27 AM '93
CARLSBAD, NM

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