

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.)

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

330 FNL 2360 FWL NE/NW

14. PERMIT NO.

30-025- 30231

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

3108'

5. LEASE DESIGNATION AND SERIAL NO.

8910084910 NM-10186

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W. DOLLARHIDE QN SD UT

9. WELL NO.

113

10. FIELD AND POOL, OR WILDCAT

DOLLARHIDE QUEEN

11. SEC. T. R. M. OR BLK AND SURVEY OR AREA

Sec 31 T24S R38E

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
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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SUBSEQUENT REPORT OF:

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

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☐

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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(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 - 3910'

PBTD - 3846'

PERFS - 3587' - 3741'

SEE OTHER SIDE

RECEIVED
APR 16 10 29 AM '93
CARTER
AREA

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

SIGNED

[Signature]

TITLE

PROD. ACCT.

DATE

4/15/93

(This space for Federal or State office use)

APPROVED BY

(SIGNED) JOE G. LAZA

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

1. MIRU PU. ND WH. NU BOP. Rel pkr & TOOH. TIH w/ 4-3/4" RB, 4 - 3-1/8" DCs & 5-1/2" CS on 2-7/8" tbg to 3846' PBTD. CHC. Recover a scale sample for analysis. TOOH.
2. TIH w/ RTTS pkr on 2-7/8" workstring. Set pkr @ 3530' and test csg to 500#. Rel pkr & TIH to 3741'. Spot 200 gal 15% NEFE HCl 3741 - 3530'. TOOH to 3530' & set RTTS. Pres csg to 500#. Az Queen (3587 - 3741') w/ 1800 gal 15% HCl in 3 stages pumping 400 gal gelled 10# brine carrying 400# rock salt between each stage (the total treatment comprises 2000 gal acid, 800 gal gelled brine, 800# rock salt). Flush to perfs w/ produced water. Swab or flow back load. Rel pkr & TOOH.
3. TIH w/ Baker AD-1 pkr on 2-3/8" PL tbg to 3530'. Circ annulus w/ pkr fluid & set pkr. Put well on injection, monitoring injection rate and pressure at the wellhead.

* 15% HCL to contain per 1000 gal:
1 gpt CI-23 (corrosion inhibitor)
1 gpt NE-15 (non-emulsifier)
10 gpt FE-300L (iron sequestrant)
10 ppt FE-200 (iron sequestrant)
2 gpt Clatrol 6 (clay control)

*Gelled 10# brine to contain per 1000 gal:
20 ppt GW-27 (gelling agent)
1 gpt NE-15 (non-emulsifier)