

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. FE*
(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. 8910084910	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION		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. 137	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1930 FNL 745 FEL SE-NE		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. 30-025-30275	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 checked="" 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 COMPLETE	<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 - 3900' PBTD - 3858' PERFS - 3572' - 3743'

MIRU PU, NDWH, NUBOP, POOH W/ PKR & 2-3/8" TBG. RIH & TAG @ 3623', CLEAN OUT TO 3858'. ACIDIZED PERFS W/ 3000 GAL 15 % NEFE HCL ACID. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & SET @ 3502', NDBOP, NUWH. PRESS CSG TO 375# -15MIN, HELD OK, RDP. START INJECTING 162 BWPD @ 1100#.

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

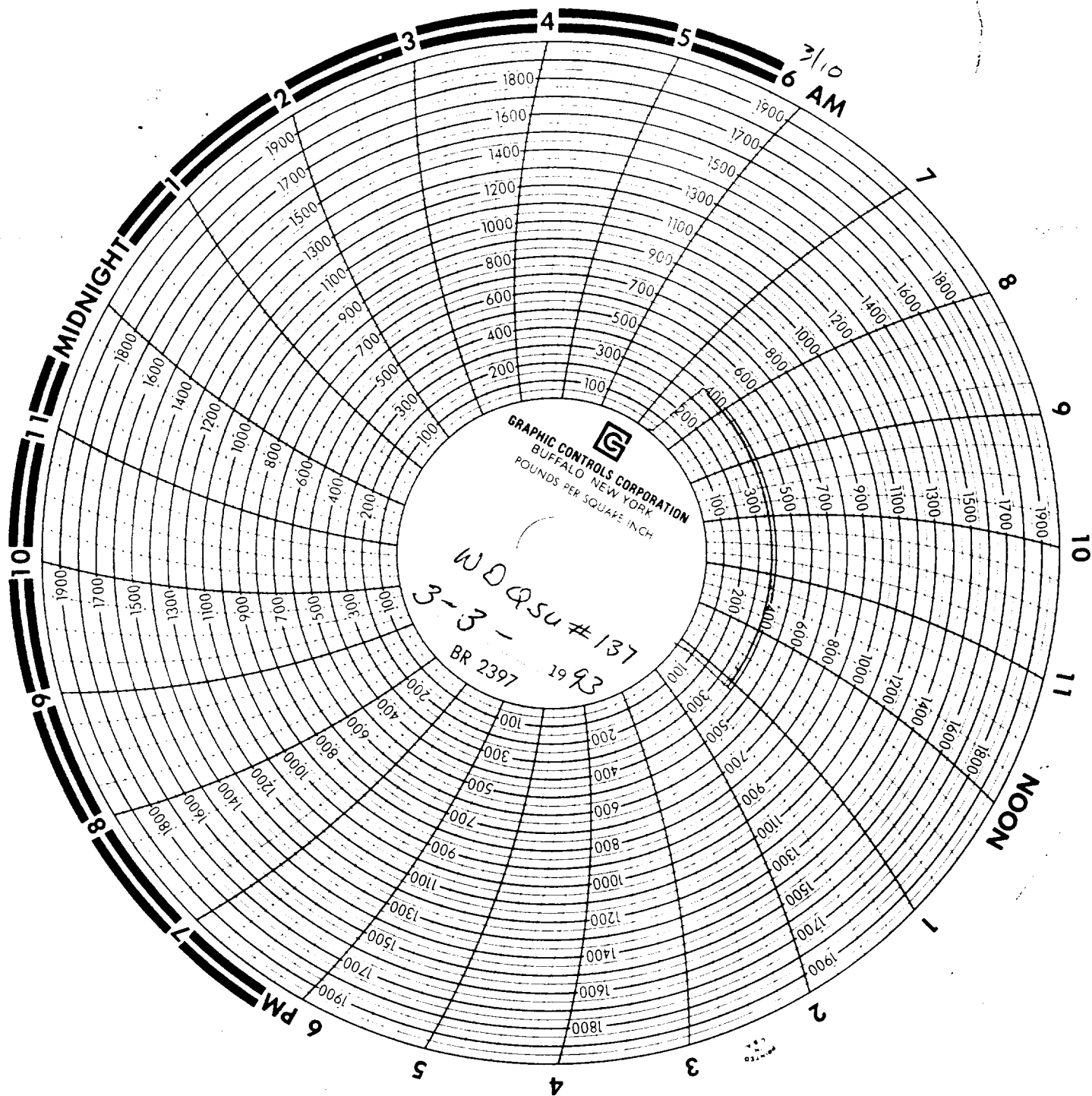
SIGNED [Signature] TITLE PROD. ACCT. DATE 4/13/93

(This space for Federal or State office use)

APPROVED BY FOR RECORD ONLY DATE APR 15 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



UDQSU #137
Joe Fleming
Senior Engineering Tech
375 #15 Min
field OK