M. M. UIL GUNS. CUMMISSION

P. O. BOX 1980 Form approved. Budget Bureaus No. 1004-0135 Expires August 31, 1985 UNITED STATESHOBBS, NEW SUENIFOR TORRESCENTES Form 3160-5 (November 1983) (Formerly 9-331) (Other Instructions on re-5 LEASE DESIGNATION AND SERIAL NO. DEPARTMENT OF THE INTERIOR LC-067968 BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME GAS INJECTION WELL L OTHER 8 FARM OR LEASE NAME 2 NAME OF OPERATOR W. DOLLARHIDE ON SD UT OXY USA INC. 9 WELL NO. 3 ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710 133 10. FIELD AND POOL, OR WILDCAT 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) DOLLARHIDE QUEEN At surface 11. SEC, T., R., M., OR BLK AND SURVEY OR AREA 400 FNL 1120 FWL NW-NW SEC 31 T24S R38E 12 COUNTY OR PARISH 13 STATE 15, ELEVATIONS (Showwheter DF, RT, GR, etc.) 14. PERMIT NO. NM LEA 3128 30-025-30355 Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data 16 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REPAIRING WELL WATER SHUT-OFF PULL ORALTER CASING TESTWATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MATTPLE COMPLETE **FRACTURE TREAT** ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIRWELL (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.)* PERFS - 3678' - 3858' PBTD - 3910' TD - 3950' MIRU PU 4/12/93, NDWH, NUBOP, POOH W/ PKR & TBG. RIH & TAG @ 3848', CLEAN OUT TO 3910'. PERF ADD'L INTERVAL @ 3735-38, 3769-73, 3808-13, 3856-3858'. ACIDIZE W/ 1800 GAL 15 % MODIFIED SWIC ACID. RIH W/ BAKER AD-1 PKR & 2-3/8" TBG & SET @ 3622', NDBOP, NUWH. PRESS CSG TO 310# -15MIN - HELD OK, NMOCD WITNESSED, RDPU 4/15/93. START INJECTING 769 BWPD @ 1240#. J. Lan. :11 < [7] 18. I hereby certify that the foregoing is true and correct 5/19/93 PROD. ACCT. DATE TITLE SIGNED (This space for Federal or State office use)

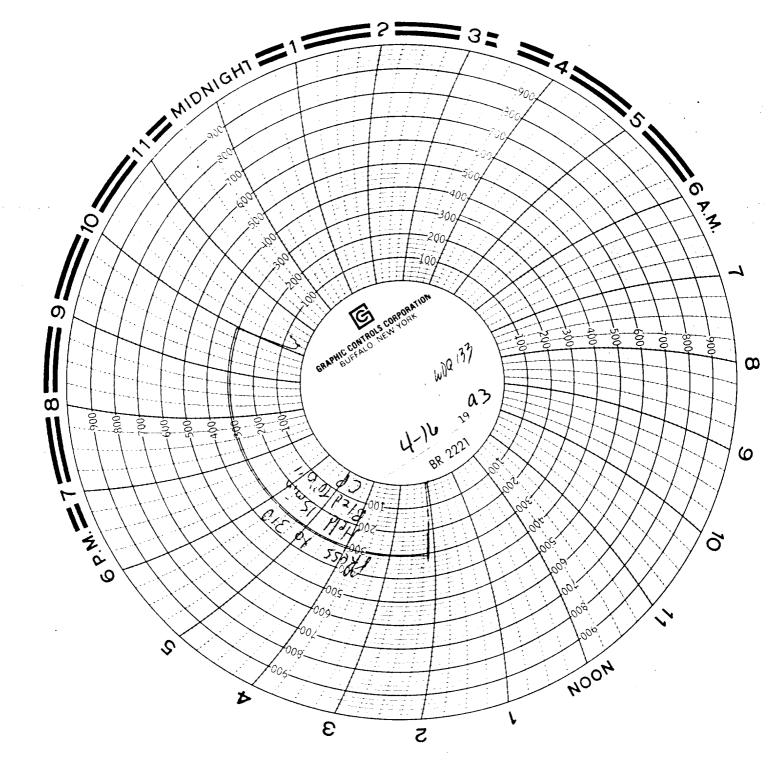
*See Instructions on Reverse Side

DATE

TITLE

APPROVED BY .

CONDITIONS OF APPROVAL, IF ANY:



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