		25	.0	
Form 3180-5	JNIA STATES		Form approved. Budget Bureaus f Expires August 31	No. 1004-0135 I. 1985
(November 1983) (Formerly 9-331) DEPARTI	lovember 1983) DEPARTMENT OF THE INTERIOR (Other Instruction)		TO LEASE DESIGNATION AND SERVICES	
	OF LAND MANAGEMENT	<u> </u>		
SUNDRY NOT	FICES AND REPORTS	ON WELLS S	6 FINDAN, ALLOTTEE ORT	HIBE NAME
Use "APPLICA	sals to drill or to deepen or plug b ATION FOR PERMIT" for such pr	oposals.)		
0L [98 []		2,4%	7. UNIT AGREEMENT NAME	
WELL WELL OTHER 2 NAME OF OPERATOR	INJECTION	7. 8 0.		
OXY USA INC.		₹,0°%	8. FARMORLEASENAME W. DOLLARHIDE QN SD UT	
A ADDRESS OF CORDATOR			9 WELLNO.	
P.O. BOX 50250 MIDLAND, TX 79710			152	
4. LOCATION OF WELL (Report location clearly and See also space 17 below.)	d in accordance with any State requiremen	* *	10. FIELD AND POOL, OR WILD CAT DOLLARHIDE QUEEN	
At surface		11. SEC, T, R, M, OR BLK AND		
1790 FSL 565 FEL NE-SE			SURVEY OR AREA	
		SEC 30 T24S R38E		
14. PERMIT NO.	15. ELEVATIONS (Show wheter DF, RT, G	R, etc.)	12. COUNTY OR PARISH	13 STATE
300253035800S01		3168	LEA	NM
16 Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data				
NOTICE OF INTENTION TO:			EQUENT REPORT OF:	
TESTWATER SHUT-OFF PUL	LORALTER CASING	WIGERSHUT-OFF	PEPAIRING!	
TRACTURE THEAT MULTIPLE COMPLETE SHOOTING OR ACCIDIZING			ALTERING CASING	
31001011/0222	NDON" NGE PLANS	(Offer) REPAIR TRG LE	, Σ	$\overline{\mathbf{x}}$
REPARWELL CHA	TOE FLANS	(Note: Report results	of multiple completion on \	
17 DESCRIPE PROPOSED OR COMPLETED OPERATIONS (Clearly state all partinent 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	- 3950' PERFS - 356	87' - 3741'		
MIRU PU 5/16/94, NDWH, NUB	OP, POOH W/ TBG & PKR.	RIH W/ EXCHANGE BAKE	R AD-1 PKR & 2-3/8	TBG &
TEST. REPLACE 1 JT TBG, RIF	H & CH W/ PKR FLUID & SE	ET PKR @ 3562', NDBOP,NU	JWH. PRESS CSG	10 360#
-15MIN - HELD OK, RDPU 5/17	79. PUT WELL BACK ON II	NJECTION.		
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18. Thereby certify that the foregoing is true and			rion is	\ <u></u>
SIGNED MASSIE	TITLE RE	EGULATORY ANALYST	DATE5/27/9	/4
				

_____TITLE ______ DATE ____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

