

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other Instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION		8. FARM OR LEASE NAME W. DOLLARHIDE QN SD UT	
2. NAME OF OPERATOR OXY USA INC.		9. WELL NO. 152	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		10. FIELD AND POOL, OR WILDCAT DOLLARHIDE QUEEN	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1790 FSL 565 FEL NE-SE		11. SEC, T, R, M, OR BLK AND SURVEY OR AREA SEC 30 T24S R38E	
14. PERMIT NO. 300253035800S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3168	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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>REPAIR TBG LEAK</u>	<input checked="" type="checkbox"/>
(Other)		(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 - 3950' PERFS - 3587' - 3741'

MIRU PU 5/16/94, NDWH, NUBOP, POOH W/ TBG & PKR. RIH W/ EXCHANGE BAKER AD-1 PKR & 2-3/8" TBG & TEST. REPLACE 1 JT TBG, RIH & CH W/ PKR FLUID & SET PKR @ 3562', NDBOP, NUWH. PRESS CSG TO 360# -15MIN - HELD OK, RDPU 5/17/94. PUT WELL BACK ON INJECTION.

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

SIGNED



TITLE

REGULATORY ANALYST

DATE 5/27/94

(This space for Federal or State office use)

FOR RECORD ONLY

APPROVED BY

TITLE

DATE JUN 01 1994

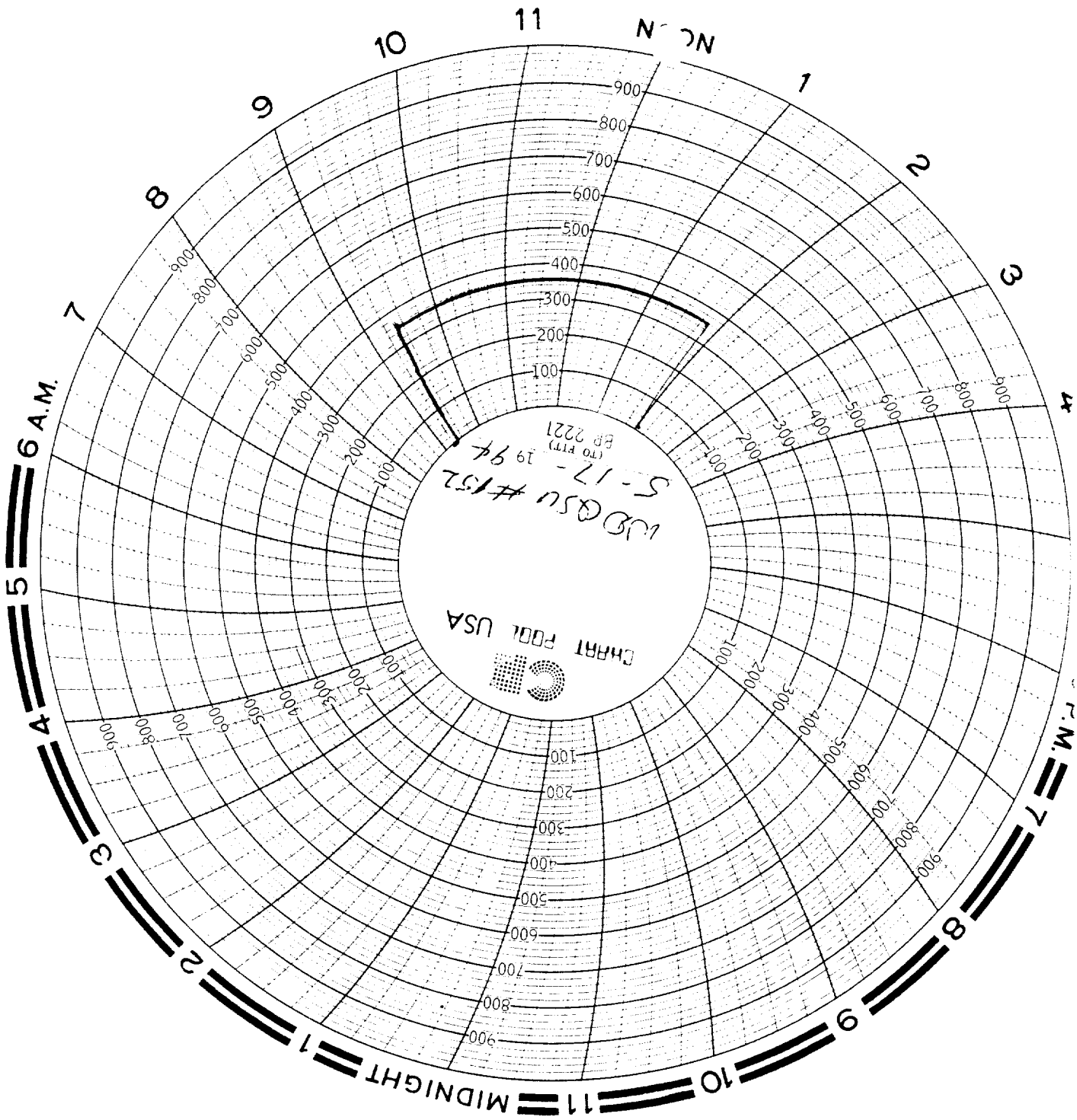
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

MAY 31 1934

U.S. DEPARTMENT OF AGRICULTURE  
OFFICE



W2QSU  
Well # 152  
5-17-94  
Integrity Test.

Tested asg to  
350 psi For  
15 min.

Notified NMCCO

Production Foreman  
P. V. Zuniga  
5-17-94

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MAY 31 1994

W2QSU  
OFFICE