

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

P.O. BOX 1980

HOBBS, NEW MEXICO 88401

(Other Instructions on reverse side)

Form approved.
Bureau No. 1004-0135
Effective 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. 8910138170 - NM7488	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR OXY USA INC.		7. UNIT AGREEMENT NAME MYERS LANGLIE MATTIX UNIT	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2620 FNL 90 FEL SENE		9. WELL NO. 272	
		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX 7R Q-G	
		11. SEC. T, R, ML, OR BLK AND SURVEY OR AREA SEC 6 T24S R37E	
14. PERMIT NO. 30-025-32566	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3312	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>SET PROD CASING & CEMENT</u> <input checked="" type="checkbox"/>	
(Other) <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.)*

DRILL 7-7/8" HOLE TO TD @ 3875', 8/21/94, CHC. RIH W/ SPD-CNS-DLL-MSFL-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3875'. M&P 700sx CL C-LITE W/ 15# SALT + 1/4# /sx FLOCELE FOLLOWED BY 150sx 50-50 H/POZ W/ 3# /sx KCL + .3% HALAD-9, DISPLACE W/ FW, PLUG DOWN @ 0059HRS MDT 8/23/94, CIRC 91sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC. REL RIG 8/23/94. SI WO COMPLETION UNIT.

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

SIGNED <u><i>Paul B. [Signature]</i></u>	TITLE <u>REGULATORY ANALYST</u>	DATE <u>9/2/94</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side