

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION

P.O. BOX 1980
ROBES NEW MEXICO
(Other New Mexico
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

OXY USA INC.

3. ADDRESS OF OPERATOR

P.O. BOX 50250 MIDLAND, TX 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

139 FNL 372 FEL NENE

14. PERMIT NO.

30-025-32592

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3309

12. COUNTY OR PARISH

LEA

13. STATE

NM

5. LEASE DESIGNATION AND SERIAL NO.

8910138170 - NM7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MYERS LANGLIE MATTIX

8. FARM OR LEASE NAME

9. WELL NO.

268

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATTIX 7R Q-G

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 6 T24S R37E

16. Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

SET PROD. CASING & CEMENT

(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 @ 3850', 8/12/94, CHC. RIH W/ PDS-CNS-DLS-MLS-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3850'. M&P 750sx CL C-LITE W/ 15# SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 2% GEL + 3#/sx KCL + .3% HALAD-9, DISPLACE W/ FW, PLUG DOWN @ 0955HRS MDT 8/13/94, CIRC 75sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC. REL RIG 8/13/94. SI WO COMPLETION UNIT.

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

SIGNED

TITLE

REGULATORY ANALYST

DATE

8/17/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side