Form 3160-5 (November 1983)	ι	ITATS DF NI	ES	SUBMIT IN TRI	ATE	Form approved. Budget Bureaus h Expers August 31	No. 1004-0135
(Formerly 9-331)	by 9-331) DEPARTME. (OF THE INTERIOR (Other Instruction verse side)			ONN	5. LEAST DESIGNATION AND SERIAL NO.		
		OF LAND MANA			(O)	8910138170 - NM	
SUN (Do not use this	DRY NO I form for propo Use "APPLICA	ICES AND RE sals to drill or to deep TION FOR PERMIT"	EPOHIS ON en or plug back to for such proposal		en het		HIBE NAME
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		OL T	Ch.	7. UNIT AGREEMENT NAME	
OIL WELL OTHER WELL OTHER WELL OTHER						MYERS LANGLIE MATTIX UNIT	
	OXY USA IN	C.		4 O. BES		6. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 50250 MIDLAND, TX 79710						9. WELL NO. 270	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILD CAT	
See also space 17 below.) At surface						LANGLIE MATTIX 7R Q-G	
1410 FNL 90 FEL SENE						11. SEC, T, R, M, OR BUK AND SURWEY OR AREA	
1410 FNL 90 FEL SENE						SEC 6 T24S R37E	
14. PERMET NO.		15. ELEVATIONS (Showwif	eter DF. RT. GR. etc.)			12.COUNTY OR PARISH	13 STATE
30-025-32593				3307		LEA	NM
	hock Annro	priate Box To Inc	licate Nature		ort or (· · · · · · · · · · · · · · · ·	1
	OF INTENTION TO	•		or 1100000, 110p	-	QUENTREPORTOF:	
TESTWATER SHUT-OFF		ORALTER CASING	¬	WATERSHUT-OFF		REPAIRING	MBIL 🔲
FRACTURE THEAT	_	DRALIER CASING		FRACTURE TREATMENT		ALTERING C	· · · —
SHOOT OR ACIDIZE	—	DON*		SHOOTING OR ACIDIZIN (Other)		ABANDONM	
REPAIRWELL	☐ GHW	NGE PLANS	_	SPUD SE	T SURI	CASING & CEME! multiple completion on V	Veli Veli
(Other) 17. DESCRIBE PROPOSED		L		Completion o	r Recomp	letion Report and Log for	n.)
proposed work. I nent to this work.)*	f well is di	rectionally drilled, give	e subsurface location	ons and measured an	d true ver	ical depths for all markers	s and zones perti-
MIRU EXETER #70, 24# CASING & SET DOWN @ 2225HRS	@ 433'. Ma	&P 260sx CL C W	// 2% CACL2 +	- 1/4#/sx CELLC	-FLAKE	, DISPLACE W/ FW	/, PLUG
& TEST, DRILL OUT							
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						© , _	
18. Thereby certify that the form	going is true and o	ogect					
SIGNED	SIGNED TITLE REGULATORY ANALYST					DATE8/10/94	4
(This space for Federal or S	itate office use)						
APPROVED BY			TITLE	· · · · · · · · · · · · · · · · · · ·		DATE	

CONDITIONS OF APPROVAL, IF ANY: