

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 780
HOBBS, N.M. 88240
Form approved by
Budget Bureau No. 1004-0135
Expires August 31, 1985
RELEASED SERIAL AND SERIAL NO.
8910138170 - NM7488

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

2533 FNL 1350 FWL SENW

14. PERMIT NO.

30-025-32594

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

3300

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

SET PROD CASING & CEMENT

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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 @ 3800', 8/18/94, CHC. RIH W/ ZDL-CN-DLL-MLL-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3800'. M&P 750sx CL C-LITE W/ 15# SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + .3% FL-52, DISPLACE W/ FW, PLUG DOWN @ 1040HRS MDT 8/19/94, CIRC 90sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC. REL RIG 8/19/94. SI WO COMPLETION UNIT.

2 1994
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SEP 6 10 27 AM '94
RECEIVED

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

SIGNED

TITLE

REGULATORY ANALYST

DATE

9/2/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

REFUSED

SEP 14 1994

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OFFICE