Form 3160-5 (June 2015)		UNITED STATES OCD Artesia			FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018		
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2					5. Lease Serial No. NMNM15303		
					6. If Indian, Allottee or Tribe Name		
					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well   Image: State of Well Image: State of Well   Image: State of Well Image: State of Well					8. Well Name and No. CORRAL DRAW 10 1H		
2. Name of Operator Contact: CASEY L SUMMERS OXY USA INCORPORATED E-Mail: CASEY_SUMMERS@OXY.COM					9. API Well No. 30-015-36043-00-X1		
3a. Address 5 GREENWAY PLAZA S HOUSTON, TX 77046-0	3b. Phone No. Ph: 575-513	e No. (include area code) 5-513-8289		10. Field and Pool or Exploratory Area CORRAL DRAW			
4. Location of Well (Footage,		11. County or Parish, State					
Sec 10 T25S R29E NES 32.143566 N Lat, 103.96		EDDY COUNT			Y, NM		
12. CHECK TH	E APPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION					
Notice of Intent	Acidize	🗖 Deep	Deepen		on (Start/Resume)	U Water Shut-Off	
	□ Alter Casing	🗖 Hydi	aulic Fracturing	🛛 Reclama	tion	U Well Integrity	
<mark>⊠-Subsequent-Report</mark>	Casing Repair		w Construction 🗖 Recom			Conter Other	
Final Abandonment Not			-		arily Abandon		
	Convert to Injection			Water Disposal date of any proposed work and approximate duration thereof.			
determined that the site is read OXY USA INC reports th measures taken to reclai have been removed and	inal Abandonment Notices must be fi y for final inspection. at for the location above, site m the site to BLM standards a final reclamation is completed oction? status is requested for	inspections co re complete a I. Final inspec	nfirm that all cor nd satisfactory. tion of this site a	rective Power poles	nt [V <b>W OIL CO</b>	NSERVATION	
						DISTRICT	
					JAN O	3 2017	
					RECT.	MED	
14. I hereby certify that the foreg	oing is true and correct. Electronic Submission #					<u>ک</u>	
	For OXY US Committed to AFMSS for pr	A INCORPORA	TED. sent to the	Carlsbad	System LAGOZEDED	colo	
Name(Printed/Typed) CAS	ocessing by J		DNMENTAL	ADVISOR	1185		
					0.04	C)	
Signature (Elect	ronic Submission)		Date 12/16/2	016	CEPINN	5 12.	
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE US	System JA0035SE) ADVISOR CENERAL	1.	
_Approved By	us l. am	₽	Title SP	ET/E	:ps	/2-30-/5 Date	
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	Office CF	0					
Title 18 U.S.C. Section 1001 and Ti States any faise, fictitious or fraud	tle 43 U.S.C. Section 1212, make it a lulent statements or representations a	crime for any per s to any matter wi	son knowingly and		ke to any department o	r agency of the United	
(Instructions on page 2)	REVISED ** BLM REVISE						
				12-12-	1		