Form 3160-5 (August 1999)

Oil Cons. UNITED STATES N.M. DIV-Dist. 2 DEPARTMENT OF THE INTERIOR 301 W. Grand Avenue BUREAU OF LAND MANAGEMENT Artesia, NM 88210

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

5. Lease Serial No.

NM0554216

SUNDRY NOTICES AND REPORTS ON WELLS

abandoned well. Use Form 3160-3 (APD) for such proposals.					6. II Indian	i, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit o	r CA/Agreement, Name and/or N	
1. Type of Well Oil Well X Gas Well Other RECEIVED OCD - ARTESIA					8. Well Name and No. Government AC Com #4		
OXY USA WTP Limited Partnership 3a. Address 3b. Ph			Phone No. (include area code)			9. API Well No. 30-015-32655	
P.O. Box 50250. Midland. TX 79710- 4. Location of Well (Footage, Sec., T., R., M., or Survey I	432-685-5717			10. Field and Pool, or Exploratory Area Burton Flat Morrow			
660 FSL 660 FEL SESE(P) Sec 15 T20S R28E					or Parish, State		
					Eddy	NM NM	
12. CHECK APPROPRIATE	BOX(ES) TO INDIC	ATE NATURE	OF NOTICE	, REPO	ORT, OR C	THER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
X Notice of Intent	Acidize Deepen Production (S Alter Casing Fracture Treat Reclamation				(Start/Resume)	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construc		Recomplete	_	X Other Method of	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abar	=	emporarily	y Abandon	Water Disposal	
1.) THE PRODUCING FORMATION IS TH 2.) 1 BWPD IS CURRENTLY BEING PRO 3.) THE PRODUCED WATER IS STORED 4.) a. THE WATER ANALYSIS IS ATTA b. A WATER ANALYSIS WILL BE D DISPOSAL FACILITY AND WILL	DUCED. IN 300 bb1 FG TANI CHED . ONE WHEN THE NEXT	LOAD IS TRUC			A F) [] [OVED 7	
5.) PRODUCED WATER IS PRESENTLY B 6.) DISPOSAL FACILITIES: SWD FACILITY						2 3 2003	
RAY WESTALL OPER - MYRTLE MYR ROWLAND - SPRINGS SWD - SWD86 CORRINE GRACE - SALTY BILL SW DAKOTA RESOURCES - WHISTLE ST	D - SWD118 OP SWD - SWD100	0	32-21-27 27-20-26 36-22-26 8-21-28	,	LES	BABYAK UM ENGINEER	
DAKOTA RESOURCES - OTIS SWD - A&A OILFIELD SERVICES - STATE		ZHOCT.	36-22-27 3-19-37				
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) David Stewart	, see	Title Sr	. Regulato	ry Ana	ılyst		
On Staf	A CO	Date	ieli	احر (0) >		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved by		Title				Date	
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the second conduct operations to conduct operations the second conduct operations are second conduct operations.	those rights in the subject	ant or Office lease					