

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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

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 reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		DEC - 4 2008
2. Name of Operator OXY USA WTP Limited Partnership		OCD-ARTESIA 192463
3a. Address P.O. Box 50250, Midland, TX 79710-0250	3b. Phone No. (include area code) 432-685-5717	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SL-697 FSL 1919 FWL SESW(N) 1-22S-24E BHL-1720 FSL 873 FWL NWSW(L) 1-22S-24E		
5. Lease Serial No. NMNM53219		
6. If Indian, Allottee or Tribe Name		
7. If Unit or CA/Agreement, Name and/or No.		
8. Well Name and No. McKittrick Hills 1 #2 Federal		
9. API Well No. 30-015-33875		
10. Field and Pool, or Exploratory Area Indian Basin Up.Penn Assoc		
11. County or Parish, State Eddy NM		

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>TA Status</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

OXY USA WTP LP respectfully requests a ^{Toll 6/14/09} ~~One~~ Year Extension for a Temporarily Abandon Status Approval. This will help OXY be in compliance with the NMCD, let them approve C-104's (Authorization to Transport) and allow OXY to start producing several wells that are currently Shut-In pending their approval. This will also allow us to evaluate the following proposed work.

Deepened to the Devonian for salt water disposal. Should logs in any of the deeper horizons show to be productive, the well will be completed as a producer and turned into a disposal well when the production becomes uneconomic. The current plans is to test compression on the existing Cisco Canyon wells to reduce the casing pressure. This will increase the inflow performance of the well, along with an increase in water disposal needs as the current system is near capacity.

TD-8450*M PBTD-7961' Perfs-8072-8121' CIBP-8000'

This well passed an casing integrity test 7/16/07.
ACCEPTED FOR RECORD

After 6/14/09 the well must be online
or plans to P & A must be submitted.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) David Stewart		Title Sr. Regulatory Analyst
DEC 4 - 2008		Date 11/14/08
Cerry Gue, Deputy Field Inspector		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by /s/ JD Whitlock Jr	Title C PET	Date 12/1/08
Office CFO		