Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED OMB NO. 1004-0135

HOBBS CONMLC029489A

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.

JAN 1 3 2014

CATE - Other instructi	ons on reverse side.		7. If Unit or CA/Agree	ement, Name and/or No.
		MECEIAE	8. Well Name and No.	7
			CORBIN FEDERA	AL COM 2H
Name of Operator Contact: JENNIFER A DUARTE OXY USA WTP LP E-Mail: JENNIFER_DUARTE@OXY.COM			9. API Well No.	
	3b. Phone No. (include area code)			
	Ph: /13-513-6640		CORBIN MOLE	CAMP SOUTH
M. or Survey Description)			11 County or Parish	and State
				/
Sec 9 T18S R33E SWSE 540FSL 2240FEL /			LEA COUNTY,	NM /
				•
PRIATE BOX(ES) TO I	NDICATE NATURE OF N	NOTICE, RE	EPORT, OR OTHE	R DATA
TYPE OF ACTION				
☐ Acidize	☐ Deepen	☐ Producti	ion (Start/Resume)	☐ Water Shut-Off
☐ Alter Casing	☐ Fracture Treat	□ Reclama	ation	■ Well Integrity
☐ Casing Repair	■ New Construction	☐ Recomplete ☑ Other		
☐ Change Plans	☐ Plug and Abandon			Successor of Operator
☐ Convert to Injection	☐ Plug Back	☐ Water Disposal		1
or recomplete horizontally, givil be performed or provide the rations. If the operation resultant on the horizon has been dependent to the horizontal has been	we subsurface locations and measure Bond No. on file with BLM/BIA its in a multiple completion or recoonly after all requirements, including we are notifying you of a characteristic of the control of t	red and true ve. Required submpletion in a ning reclamation ange of opernew operato ations eral Bondino	rtical depths of all pertin sequent reports shall be sew interval, a Form 3160 s, have been completed, a rator	ent markers and zones. filed within 30 days 0-4 shall be filed once
	E-Mail: JENNIFER_C M., or Survey Description) 2240FEL RIATE BOX(ES) TO I Acidize Alter Casing Casing Repair Change Plans Convert to Injection In (clearly state all pertinent or recomplete horizontally, girll be performed or provide the ations. If the operation result inment Notices shall be filed inspection.) a) and 43 CFR 3162.3, vective August 1, 2013. Itions, stipulations and rof lease described. OX	B-Mail: JENNIFER_DUARTE@OXY.COM 3b. Phone No. (include area code) Ph: 713-513-6640 M., or Survey Description) 2240FEL RIATE BOX(ES) TO INDICATE NATURE OF N TYPE OF Acidize Deepen Alter Casing Fracture Treat Casing Repair New Construction Plug and Abandon Convert to Injection Plug Back In (clearly state all pertinent details, including estimated starting recomplete horizontally, give subsurface locations and measure at the complete horizontally, give subsurface locations and measure recomplete horizontally, give subsurface locations and restrictions concerning open and the provide here.	Contact: JENNIFER A DUARTE E-Mail: JENNIFER_DUARTE@OXY.COM 3b. Phone No. (include area code) Ph: 713-513-6640 M., or Survey Description) 2240FEL RIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RE TYPE OF ACTION Acidize Deepen Product Alter Casing Fracture Treat Reclama Casing Repair New Construction Recomp Change Plans Plug and Abandon Tempor. Convert to Injection Plug Back Water D In (clearly state all pertinent details, including estimated starting date of any provide the Bond No. on file with BLM/BIA. Required substations. If the operation results in a multiple completion or recompletion in a moment Notices shall be filed only after all requirements, including reclamation in spection.) a) and 43 CFR 3162.3, we are notifying you of a change of operations, stipulations and restrictions concerning operations	Contact: JENNIFER A DUARTE E-Mail: JENNIFER_DUARTE@OXY.COM 30-025-41315 3b. Phone No. (include area code) Ph: 713-513-6640 10. Field and Pool, or CORBIN WOLF M., or Survey Description) 11. County or Parish, a LEA COUNTY, I RIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER TYPE OF ACTION Acidize Deepen Production (Start/Resume) Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abandon Convert to Injection Plug Back Water Disposal In (clearly state all pertinent details, including estimated starting date of any proposed work and approx recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent locations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160 inment Notices shall be filed only after all requirements, including reclamation, have been completed, a ispection.) a) and 43 CFR 3162.3, we are notifying you of a change of operator elective August 1, 2013. OXY USA WTP LP as the new operator filtions, stipulations and restrictions concerning operations of lease described. OXY USA WTP LP meets Federal Bonding

SUBJECT TO LIKE APPROVAL BY STATE

SEE ATTACHED FOR CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct. Electronic Submission #229337 verifie For OXY USA WTP L Committed to AFMSS for processing by	P, sent	to the Hobbs	
Name (Printed/Typed) JENNIFER A DUARTE	Title	REGULATORY SPECIALIST	
Signature (Electronic Submission)	Date	12/12/2013	7
THIS SPACE FOR FEDERA	AL OR	STATE OFFICE WEEVEU	
Approved By Conditions of approval, if any, are attached. Approval of this otice does not warrant or certify that the applicant hold degal or equitable title to those rights in the subject lease	Title	JAN 1 0 2014	Date
which would entire the applicant to conduct operations thereon.	Office	THE PARTY OF LATIN ASSAULT OF MENT	
Fitle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any postates any false, fictitious or fraudulent statements or representations as to any matter w	erson kno ithin its ji	wingly and willing to practice and programment of the control of t	or agency of the United

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

Effective 8/1/2013 Bond ES000226

1/10/2014 Approved subject to Conditions of Approval. JDB Change of Operator Conditions of Approval

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. Submit updated facility diagrams as per Onshore Order #3
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
- 10. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.