

**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

QUESTIONS

Action 50828

**QUESTIONS**

|                                                                                        |                                                   |
|----------------------------------------------------------------------------------------|---------------------------------------------------|
| Operator:<br>OXY USA WTP LIMITED PARTNERSHIP<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>192463                                  |
|                                                                                        | Action Number:<br>50828                           |
|                                                                                        | Action Type:<br>[UF-FAC] TB Registration (TB-REG) |

**QUESTIONS**

|                                                          |                           |
|----------------------------------------------------------|---------------------------|
| <b>Facility Details</b>                                  |                           |
| <i>Please answer all of the questions in this group.</i> |                           |
| Name of the facility                                     | OXY BODACIOUS FED BATTERY |
| Date the facility was opened                             | Not answered.             |
| Depth to ground water, if known                          | Not answered.             |

|                                                                 |    |
|-----------------------------------------------------------------|----|
| <b>Verification</b>                                             |    |
| Does the operator have other facilities with a matching name    | No |
| Are there other facilities located within approximately 50 feet | No |

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ACKNOWLEDGMENTS

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|                                     |                                                                                              |
|-------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I certify that I am authorized to register a facility on behalf of the responsible operator. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD of any changes of ownership for this facility.              |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD when this facility is closed.                               |