Form 3160-5 (November 1994)

## UN. LD STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div 1006 Expures July 31, 1996 P.O. Box 1980 5. Lease Senal No.

## SUNDRY NOTICES AND REPORTS ON WELLS Hobbs, NM 88245 -

LC062391

| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |                                                           |           |                            |              | 6 If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. |                                                       |      |                               |  |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------|----------------------------|--------------|---------------------------------------------------------------------------------|-------------------------------------------------------|------|-------------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side                                                               |                                                           |           |                            |              |                                                                                 |                                                       |      |                               |  |
| Type of Well Gas Well                                                                                                   | Other                                                     |           |                            | ·            |                                                                                 | 8. Well N                                             |      |                               |  |
| 2. Name of Operator OXY USA INC. 16696                                                                                  |                                                           |           |                            |              |                                                                                 | 9. API Well No.                                       |      |                               |  |
| P.O. BOX 50250 MIDLAND, TX 79710-0250 915-685-5717                                                                      |                                                           |           |                            |              |                                                                                 | 30-025-01372  10. Field and Pool, or Exploratory Area |      |                               |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                  |                                                           |           |                            |              |                                                                                 | Corbin Abo 11. County or Parish, State                |      |                               |  |
| 990FSL 330 FE                                                                                                           | L SESE(P) Sec                                             | . 33      | T175 R3                    | 3E           |                                                                                 | LEA                                                   |      | NM                            |  |
| 12. CHECK AP                                                                                                            | PROPRIATE BOX(ES)                                         | TO IN     | DICATE NATU                | RE O         | F NOTICE, R                                                                     | EPORT, C                                              | OR O | THER DATA                     |  |
| TYPE OF SUBMISSION                                                                                                      |                                                           |           | TY                         | PE O         | F ACTION                                                                        |                                                       |      |                               |  |
| Nouce of Intent                                                                                                         | Acidize  Alter Casing                                     |           | Deepen<br>Fracture Treat   |              | Production (Start<br>Reciamation                                                | (Resume)                                              |      | Water Shut-Off Well Integrity |  |
| Subsequent Report                                                                                                       | Casing Repair                                             | ō         | New Construction           | ā            | Recomplete                                                                      |                                                       | X    | Other                         |  |
| Final Abandonment Nouce                                                                                                 | Change Plans Convert to Injection                         |           | Plug and Abandon Plug Back |              | Temporarily Ab Water Disposal                                                   | andon                                                 |      | TA Status<br>Extension        |  |
| TD- <b>86</b>                                                                                                           | <u>50'</u> PBTD- <u>8€1</u>                               | <u>oʻ</u> | perfs- <u>86</u>           | 7-8          | <del>3</del> 764 <sup>'</sup>                                                   | CIBP-                                                 | 85   | <u>56 (</u>                   |  |
| THIS WELL FO                                                                                                            | REQUESTS TO EXTE<br>R POSSIBLE FUTURE<br>RITY TEST 4/24/4 | EXP.      | ANSION OF A                | TAW          | ERFLOOD UN                                                                      | IT. IT                                                | PA   | SSED A                        |  |
|                                                                                                                         |                                                           |           |                            |              | FOR 12                                                                          | _mun                                                  | 161  | LEMOS                         |  |
|                                                                                                                         |                                                           |           | endin                      | G -          | (e/S/                                                                           | 7 7                                                   |      |                               |  |
| 14. I hereby certify that the foregot<br>Name (Printed/Typed) DAVI                                                      | ng is true and correct  D STEWART                         |           | Title                      |              | REGULATO                                                                        | RY ANAL                                               | YST  |                               |  |
| Signature Vivi a                                                                                                        | All                                                       |           | Date                       |              | 5/18/                                                                           |                                                       |      |                               |  |
|                                                                                                                         |                                                           | E FOF     | R FEDERAL OR S             | TAT          | E OFFICE US                                                                     | E                                                     |      |                               |  |
| Approved by                                                                                                             | HY GOURLEY                                                |           | PETRO                      | Title<br>EUN | 4 ENGINEE                                                                       | h                                                     | Date | JUN 03 1900                   |  |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the U ed States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Conditions of approval, if any, are attached Approval of this notice does not warrant or Office certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.