			HOBBS (
	UNITED STATES DEPARTMENT OF THE IN BUREAU OF LAND MANAG		JUL 1 8 2	FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007	
	NOTICES AND REPO			B-1732	
Do not use this form for proposals to drill or to re-enter an CEIVEE abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.	
I. Type of Well ✓ Oil Well□ □ □ Gas Well□□ □ Other				8. Well Name and No.	
2. Name of Operator OXY USA INC.				West Dollarhide Unit 9. API Well No.	
3a Address 1017 W Stanolind Rd. Hobbs, NM 88270		3b. Phone No. (includ 575-397-8247	No. (include area code) 30-025-12335 •8247 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Dollarhide Devonian	
S33-24S-38E-1980FNL-779FEL				11. County or Parish, State Lea	
12. CHECK A	PPROPRIATE BOX(ES) TO IN	NDICATE NATU	RE OF NOTICE, I	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
 ✓ Notice of Intent ✓ Subsequent Report ✓ Final Abandonment Notice 	Acidize	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (SI Reclamation Recomplete Temporarily A Water Disposal	Well Integrity Uther Flaring	
Attach the Bond under which following completion of the in testing has been completed. F determined that the site is read	the work will be performed or provide volved operations. If the operation res inal Abandonment Notices shall be file y for final inspection.) West Dollarhide Devonian Unit d	the Bond No. on file v ults in a multiple comp ed only after all require	with BLM/BIA. Requi oletion or recompletion ments, including reclar	ue vertical depths of all pertinent markers and zones. red subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once nation, have been completed, and the operator has e attached page(s) for additional information	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Rachael McPherson		Title F	Title HES Administratve Assistant		
Signature June Maphers		Date			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by			îtle	Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrar certify that the applicant holds legal or equitable title to those rights in the subject lea which would entitle the applicant to conduct operations thereon.			Office		
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious of franch	le 43 U.S.C. Section 1212, make it a en	ne for any person ki to any matter within it	nowingly and willfully s jurisdiction.	to make to any department or agency of the United	

(Instructions on page 2)