Form 3160-5

INITED STATES

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FORM APPROVED

	PARTMENT OF THE INT EAU OF LAND MANAG	ERIOR EMENT	JUN 02	2014 E	OMB No. 1004-0137 xpires: October 31, 2014		
SUNDRY N Do not use this t	OTICES AND REPORT form for proposals to d Use Form 3160-3 (APD)	S ON WELLS	an	NMNM110841 ED Indian, Allottee o	or Tribe Name		
SUBMI	T IN TRIPLICATE – Other instr	ructions on page 2.		7. If Unit of CA/Agree	ement, Name and/or No.		
1. Type of Well Oil Well Gas W	/ell Other			8, Well Name and No. Madera 17 Federal	#1H		
Name of Operator Oxy USA Inc.				9, API Well No. 30-025-41059			
3a. Address 1017 W. Stanolind Rd., Hobbs, Nm 88240		Phone No. <i>(include area :</i> 5) 397-8216	code)	10. Field and Pool or I Jabalina Delaware,			
4. Location of Well (Footage, Sec., T., 330' FNL, 2240' FEL, NW/NE (B), Section 17, T.	·/ · · ·			11. County or Parish, S Lea County, NM	State		
12. CHEC	K THE APPROPRIATE BOX(ES	S) TO INDICATE NATU	RE OF NOTIC	E, REPORT OR OTH	ER DATA		
TYPE OF SUBMISSION		TYPE OF ACTION .					
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat		iction (Start/Resume)	Water Shut-Off Well Integrity		
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon		nplete orarily Abandon	Other		
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water	Disposal			
13. Describe Proposed or Completed Op the proposal is to deepen directions Attach the Bond under which the w following completion of the involv testing has been completed. Final determined that the site is ready for	ally or recomplete horizontally, given will be performed or provide and operations. If the operation resolution of the control	ve subsurface locations an the Bond No. on file with sults in a multiple complet	nd measured an BLM/BIA. Rition or recompl	d true vertical depths o equired subsequent rep etion in a new interval,	f all pertinent markers and zones. orts must be filed within 30 days , a Form 3160-4 must be filed once		
Oxy downsized this location 110 fee	off of the East Edge; and 23 f	eet off the North edge.	Berms were	also added to all side	es of the location.		
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BUE EAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Title HES Specialist Chancy Summers Date 04/29/2014 Signatura THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Title Date Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would Office entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

MUB/OCD 6-3-2014