Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

SHAPPY NOTICES AND DEDORTS ON WELLS

		 ,	
5.	Lease Serial No.		
	NM38463		

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Do not use the abandoned we	6. If India	6. If Indian, Allottee or Tribe Name						
SUBMIT IN TRI	7. If Unit	7. If Unit or CA/Agreement, Name and/or No.						
1. Type of Well Oil Well □ □	8. Well N	8. Well Name and No.						
2. Name of Operator OXY USA Inc		Pure Gold B Federal #4 9. API Well No.						
3a Address		3b. Phone No. (in			30-015-27238			
4. Location of Well (Footage, Sec., 7	575-397-8247	10. Field and Pool, or Exploratory Area Sand Dunes Delaware West						
P20-23S-31E-660FSL-660FEL	11. Count	11. County or Parish, State						
	Eddy	Eddy Cnty, NM						
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA								
TYPE OF SUBMISSION	ION							
✓ Notice of Intent	Acidize	Deepen		tion (Start/Resume)	Water Shut-Off			
Subsequent Report	Alter Casing Casing Repair	Fracture Treat New Construct	Reclar tion Recon		Well Integrity ✓ Other Flaring			
_ ' '	Change Plans	Plug and Aband		orarily Abandon				
Final Abandonment Notice	Convert to Injection	Plug Back	Water	Disposal				
Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required following completion of the involved operations. If the operation results in a multiple completion or recompletic testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclidermined that the site is ready for final inspection.) Oxy began flaring at the Pure Gold B Federal #4 location on 9/24/2013 due to the DCP shut in. Prinformation regarding this flare event ACCEPTED ACCEPTE					on in a new interval, a Form 3160-4 shall be filed once lamation, have been completed, and the operator has			
Accepted for record NMOCD								
SRDade 10/8/13	;							
14. Thereby certify that the foreg Name (Printed/Typed)	going is true and correct							
-			Title HES Administrative Assistant					
Signature	Signature Janue Mepneson Date 9/25/13							
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved by Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	or equitable title to those rights i conduct operations thereon.	in the subject lease	Office		Date			
States any false, fictitious or fraudule	ent statements or representations	as to any matter wit	on knowingly and hin its jurisdiction	willfully to make to a	ny department or agency of the United			