Form 3160-5 (April 2004)						FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007 5. Lease Serial No.	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.					NM3846 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.		
1. Type of Well ☐ Oil Well□ □ Gas Well□□ □ Other					8. Well Nan	8. Well Name and No.	
2. Name of Operator OXY USA Inc.						Pure Gold A Federal #8 9. API Well No. 30-015-35296	
3a Address 3b. Phone No. (include area code)					30-015-3		
			575-397-8247		10. Field and Pool, or Exploratory Area Sand Dunes Delaware West		
 Location of Well (Footage, Sec., T., R., M., or Survey Description) F21-23s-31E-1860FNL-1980FWL 					11. County or Parish, State		
					Eddy County, NM		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of I			Deepen Fracture Treat	Production (S	lart/Resume)	Water Shut-Off Well Integrity	
	Subsequent Report Casing Repair New Construction Recomplete Final Abandonment Notice Convert to Injection Plug and Abandon Temporarily						
Attach the l following c testing has determined Oxy bega	Bond under which the completion of the imbeen completed. Find that the site is ready	the work will be performed or provo volved operations. If the operation inal Abandonment Notices shall be y for final inspection.) Pure Gold A Federal #8 location	ide the Bond No. on file v a results in a multiple com filed only after all require	with BLM/BIA. Requested and the Requested of the Requested of the Request of the	uired subsequent re n in a new interval amation, have been	a Form 3160-4 shall be filed once a completed, and the operator has	
	ion regularing the					HOBES OCD	
						OCT 0 3 2013	
Accepted for record NMOCD			OCT 0 4 2013			RECEIVED	
AMOCD ARTESIA							
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Rachael McPherson Title HES Administrative Assistant							
Signature munul Micharson Date 9/25/13							
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
A numerical last				Citle		Date	
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 entitle the applicant to conduct operations thereon. Office							
Title 18 U.S.C. States any false,	Section 1001 and Tit fictitious or fraudu	le 43 U.S.C. Section 1212, make it itent statements or representations	a crime for any person k s as to any matter within i	nowingly and willful ts jurisdiction.	ly to make to any	department or agency of the United	

(Instructions on page 2)