

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD-ARTESIA

FORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM-05551-B
2. Name of Operator OXY USA WTP LP (Attn: Jereme Robinson)		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 27757, Houston, TX 77227-7757	3b. Phone No. (include area code) 713.366-5360	7. If Unit or CA/Agreement, Name and/or No. North Indian Basin Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) L Sec. 11, T21S, R23E 2215' FSL 255' FEL Lat. 32.49216 Long. 104.58032		8. Well Name and No. North Indian #27 Basin Unit
		9. API Well No. 30-015-28977
		10. Field and Pool, or Exploratory Area South Dagger Draw/ Upper Pen Associate
		11. County or Parish, State Eddy NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

OXY USA WTP LP request an extension of the T/A for a period of 1 year. The subject well is located in the OXY YESO recomple pilot.

Well passed MIT on 4/05/2011, see attached chart.

After 12-30-11 the well must be online or plans to P & A must be submitted.

Accepted for record
NMOCDFE
5/19/11

RECEIVED
MAY 17 2011
NMOCDFE

APPROVED

MAY 12 2011
/s/ JD Whitlock Jr

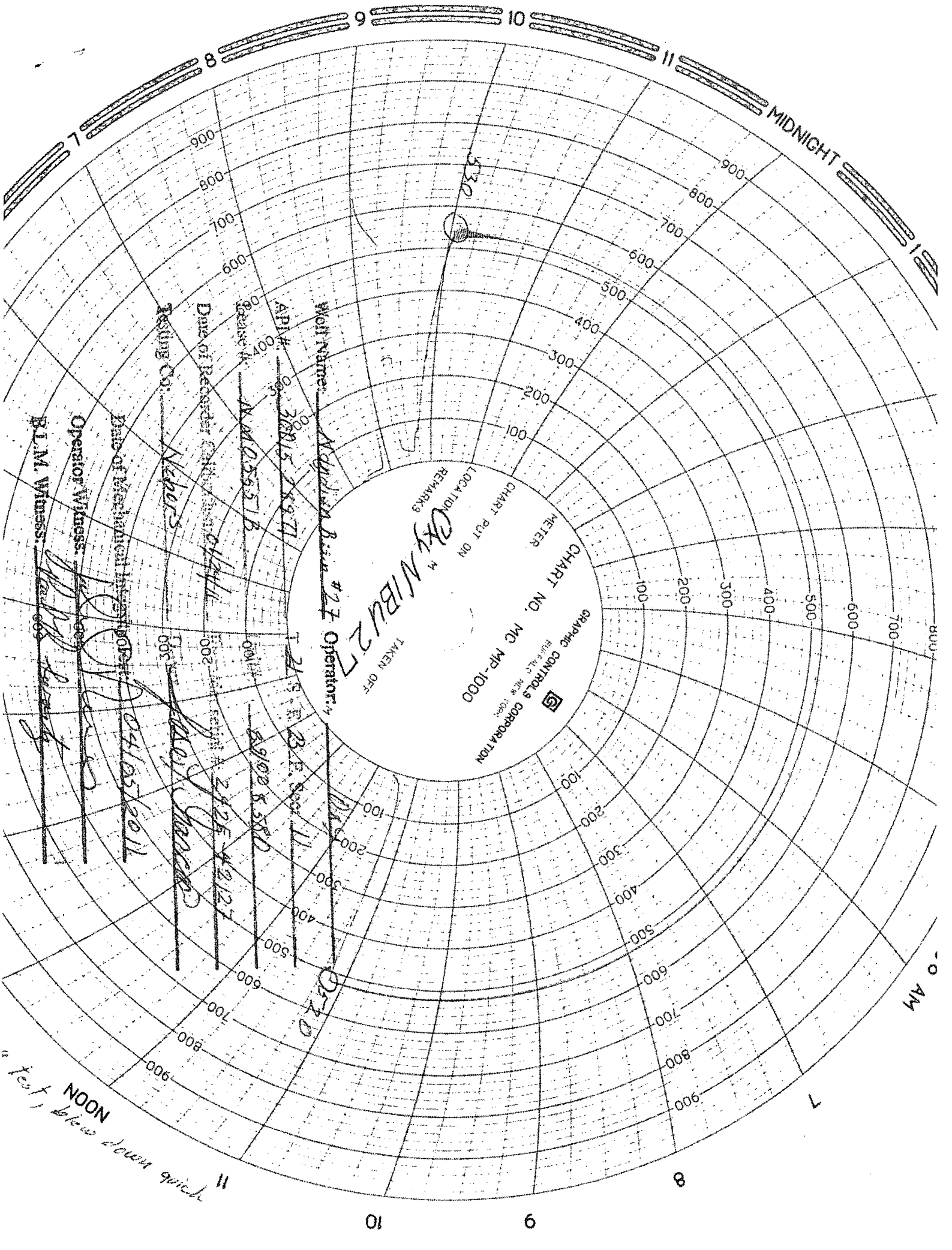
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Jereme Robinson/ jereme_robinson@oxy.com	Title Sr. Regulatory Analyst
Date 04/11/2010	

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 entitle the applicant to conduct operations thereon.		
Office		

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.



Molt Name: McDonald B. 27 Operator: 4

API #: 3685 18971

Release #: NMA03651B

Date of Recorder Calibration: 01/11

Testing Co: Neper's

Date of Mechanical Inspection: 04/05/2011

Operator Witness: [Signature]

PLM Witness: [Signature]

GRAPHIC CONTROLS, INC. MC MP-1000
EUPALC NEW YORK
CHART NO. 4
CHART PUT ON 4
TAKEN OFF 4
LOCATION 4
REMARKS 4

NOON
"test" blew down quick