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Form 3(60-5 (November 1994)	UN D STATES DEPARTMENT OF THE INTERIOR		FORM APPROVED C
	BUREAU OF LAND MANAGEMENT	M Oil Clas Divi	Expres July 31, 1996 SIOTE Lease Senal No.
SUNDR	Y NOTICES AND REPORTS ON WE	LLS date at	NM9B18
Do not use th	his form for proposals to drill or to r ell. Use Form 3160-3 (APD) for such p	enter an on o o	34. 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 Sas Well Other			8. Well Name and No.
2. Name of Operator V OXY USA INC. 16696			Government 5#9 9. API Well No.
3a. Address P.O. BOX 50250 3b. Phone No. (include area code)			30-015- 28996
MIDLAND, TX 79710-0250 915-685-5717 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or Exploratory Area Winchester Morrow
4. Location of Well (Poolage, Sec., 1., K., M., or Survey Description)			11. County or Parish, State
660 FNL 660 FEL NENE (A) Sec 3 TZOS RZBE			EDDY NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent	Acidize Deepen	Production (Star	t/Resume) 🛄 Water Shut-Off
	Alter Casing Fracture Tr	reat D Reclamation	Well Integrity
Subsequent Report	Casing Repair New Const		Other
Final Abandonment Notice	Change Plans Plug and A Convert to Injection Plug Back		
following completion of the in testing has been completed. F determined that the site is ready 1.) THE PR 2.) <u>l</u> 3.) THE PR 4.) a. THE b. A.W DIS 5.) PRODUC 6.) DISPOS SWD FA RAY WE	volved operations. If the operation results in a multinal Abandonment Notices shall be filed only after (for final inspection.) ODUCING FORMATION IS THE	Itiple completion or recompletion r all requirements, including rection DUCED. 0 bbl FG TANK. HEN THE NEXT LOAD ORWARDED AS SOON A TRUCKED TO THE DIS	SEC-T-R 22 32-21-27 APP 1900 P
CORRINE GRACE - SALTY BILL SWD - SWD118 DAKOTA RESOURCES - WHISTLE STOP SWD - SWD100 DAKOTA RESOURCES - OTIS SWD - SWD539 A&A OILFIELD SERVICES - STATE AB SWD - SWD223 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Title			
14. I hereby certify that the forego Name (Printed/Typed) DAV	ID STEWART	Title REGULATO	RY ANALYST
Signature Div Sa	1	Date	20199
	THIS SPACE FOR FEDER	AL OR STATE OFFICE US	E [*]
Approved by (ORIG. SC	GD.) DAVID R. GLASS	PETROLEUM ENGI	NEER Date APR 2 8 1999
certify that the applicant holds ie which would entitle the applicant to	•	rant or Office SEE	ATTACHED FOR
Title 18 U.S.C. Section 1001. ma fraudulent statements or representa	kes it a crime for any person knowingly and willfations as to any matter within its jurisdiction.	ully to make to any continents	DAS OF ARE ON FACE fictutous of

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