| | A | N. M | | | | c | ISF | |
|---|--|---|------------------------|---|--|---|--------------------------|--|
| Form 3160-5 (November 1994) | N. M. Of Costs Addition UNITED STATES 911 St. 2003 DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | | | | FORM APPROVED OMB No 1004-0135 Expression 31, 199- | | | |
| CUN | | | | | 5 Lease Se | enal No | | |
| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an | | | | | | LC-04879-A | | |
| abandoned | 1 well. Use Form 316 | 50-3 (APD) for such | proposais. | | 6. If Indian | a. Allottee or Tribe Name | | |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side | | | | | | or CA/Agreement, Name and | Vor No. | |
| 1. Type of Well Oil Well Gas Well Gas Well | Other | | | | 8. Well Na | me and No. | | |
| 2. Name of Operator OXY USA INC. 16696 | | | | | OXY Grandshim Federal #1 9. API Well No. | | | |
| 3a. Address P.O. BOX 50250 (3b. Phone No. (include area code) | | | | | | 30-015- 30834 | | |
| 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 | | |
| | | - | | | Empi | | | |
| 660 FNL 1650 FEL NWNE (B) Sec 20 TITS R2BE | | | | | 11. County of EDDY | w Parish, State NM | | |
| 12. CHECK | APPROPRIATE BO | X(ES) TO INDICAT | E NATURE (| OF NOTICE, RI | EPORT, OR | OTHER DATA | | |
| TYPE OF SUBMISSION TYPE OF ACTION | | | | | | | | |
| Nouce of intent | | Deepen | | Production (Start | (Resume) | Water Shut-Off | | |
| Subsequent Report | Alter Casing | Fracture 1 | | Reciamation | | Well Integrity | | |
| _ | M - | Plug and | | Recomplete Temporarily Aba | | U Other | | |
| Final Abandonment Notice | Convert to Inje | | | Water Disposal | undon. | | | |
| Attach the Bond under which following completion of the testing has been completed, determined that the site is re- OXY USA | Final Abandonment Nou ady for final inspection.) | e operation results in a mi ces shall be filed only aft to amend the Bl | er all requirement | n or recompletion in nts, including reclar | n à new intervi mation, have b | ai, a Form 3160-4 shall be a seen completed, and the opi | filed once erator has | |
| | | | | | - | 17-7- C | | |
| BOP PROGRAM: | 0'-400' | None | | | | elle de la companya d El companya de la comp | | |
| | 400'-2100' | 11" 5M blind a | and pipe r | ams with 5 | M annula | r preventer. | | |
| | 2100'-10200' | 11" 5M blind p rotating head | pipe rams below 850 | with 5M and 00'. | nular pr | eventér and | · • • | |
| l | ancelle | g - 20 | 00 | | | A ST | | |
| I hereby certify that the fore Name (Printed/Typed) | going is true and correct | | | | | | | |
| DA | VID STEWART | | Title | REGULATOR | Y ANALYS | T | | |
| Signature | Aut | | Date | 11/15/ | ર૧ | | | |
| | THIS S | PACE FOR FEDER | L OR STATE | OFFICE USE | | | | |
| Approved by | | | Title | LEUM ENG | INEERDa | " NOV 2 4 1999 |) | |
| Conditions of approval. if any, a certify that the applicant holds which would entitle the applicant | iceal or equitable title to t | those rights in the subject | ant or Office | | | | | |
| Title 18 U.S.C. Section 1001. m traudulent statements or represen | | TOR KROWINGLU and willfu | ully to make to a | ny department or a | gency of the L | unted States any faise. fictu | luous o: | |

(Instructions on reverse)



EXHIBIT A