Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

OCD-ARTESIA

FORM APPROVED OMB NO 1004-0135

Expires November 30, 2000

| 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.

5 Lease Senai No. NMNM054035 6 If Indian, Allottee or Tribe Name

| SUBMIT IN TRIPLICATE - | 7 If Unit or CA/Agreement, Name and/or No | | | | | |
|---|---|----------------------------------|--|---------------------------------|-------------------|--|
| 1. Type of Well X Oil Well Gas Well Other 2 Name of Operator | 8. Well Name and No Federal 29 | # (O | | | | |
| OXY USA Inc. | 9 API Well No | | | | | |
| 3a. Address | 3b. Phone No (include area code) | | 30-015-39230 | | | |
| P.O. Box 50250, Midland, TX 79710- 4. Location of Well (Footage, Sec., T, R., M, or Survey I | 432-685-5717 | | 10 Field and Pool, or Explo Sand Dunes Delaware | | | |
| SL-330 FSL 1879 FWL SESW | | Sec 29 T23S R | 31 F | Janu bulles beluware | , MCSU | |
| BH - 1630 FSL 1967 FWL NESW | , | 300 Z3 1233 K | SIL | 11 County or Parish, State Eddy | NM | |
| 12. CHECK APPROPRIATE | BOX(ES) TO IND | DICATE NATURE C | F NOTICE, REP | | | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | |
| Notice of Intent | Acıdıze | Deepen | | | Shut-Off | |
| X Subsequent Report | Alter Casing Casing Repair | Fracture Treat New Construction | n Reclamati | H | egrity | |
| Final Abandonment Notice | Change Plans | Plug and Abando | | aly Abandon | | |
| Final Adandonment Nouce | Convert to Injecti | | Water Dis | | | |
| This well was completed, tested at the NMOCD C-104 (Authorization to | | | _ | | | |
| | | | | | | |
| returned to production 105/11 | | VCCEE | TED FOR RECORD | | | |
| | RECE OCT 25 NMOCD | 5 2011 | | OCT 22 2011 | NT. | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) | | Title | CA | RLSBAD FIELD OFFICE | | |
| David Stewart | Reg | Regulatory Advisor | | | | |
| - Su Shi | | Date | 10/219/11 | | | |
| | S SPACE FOR FEE | DERAL OR STATE | OFFICE USE | | | |
| Approved by | | Title | | Date | | |
| Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations t | those rights in the sub | varrant or Office oject lease | | | | |
| Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section | n 1212 makes it a crim | e for any person knowin | aly and willfully to r | nake to any department or age | ocy of the United | |