Form 3160-5 (April 2004)

OCD-HOBBS Actesia

UNITED STATES DEPARTMENT OF THE INTERIOR FORM APPROVED OM B No 1004-0137 Expires: March 31, 2007

5. Lease Senal No	,

BUREAU OF LAND MANAGEMENT			5. Lease Senal No	
SUNDRY NOTICES AND REPORTS ON WELLS			NM-89172	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.			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 ☐ ☐ Gas Well ☐ ☐ Other			8. Well Name and No.	
2. Name of Operator OXY USA Inc.			Patton 17 Federal # UC9 9. APIWell No.	
3a. Address 3b. Phone No. (include area code) 1017 W. Stanolind Rd., Hobbs, NM 88240 575-397-8247			30-01-5-33034 10 Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Poker Lake Delaware 11. County or Parish, State	
M-17-245-31E, 330 FSL & 330 FWL			Eddy County, NM	
12. CHECK A	REPORT, OR OTHER DATA			
. TYPE OF SUBMISSION		TYPE OF ACTION		
If the proposal is to deepen due Attach the Bond under which the following completion of the intesting has been completed. Findetermined that the site is ready ALL REQUIREMENTS I	ectionally or recomplete horizontally, give subsurfathe work will be performed or provide the Bond Novolved operations. If the operation results in a multiple provided operation in a multiple provided operation of the operation	reat Reclamation struction Recomplete Abandon Temporarily Water Dispose Reclamated starting date ace locations and measured and on file with BLM/BIA. Restriple completion or recompletiall requirements, including received the recompletion of the r	Abandon osal of any proposed work and approximate duration thereof. d true vertical depths of all pertunent markers and zones quired subsequent reports shall be filed within 30 days ion in a new interval, a Form 3160-4 shall be filed once clamation, have been completed, and the operator has	
RECEIVED OCT 3 1 2011 NMOCD ARTESIA		OCT 27 2011 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE		
14. I hereby certify that the fore Name (Printed/Typed)	egoing is true and correct			
Dusty L. Wilson Title		Title HES Specialist		
Signature Lichel Date		Date	09/21/2011	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by		Title	Date	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant t		int or		
Tr.41- 10 II C.C. C 1001 J T'd	- 42 TTO O O 1010 1 . 1/ 1 . C	1 1 1 1 11	the state of the s	

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

Accepted for record