Form 3160-5 (April 2004)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR ECEIVED

BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

5. Lease Scrial No.

NMNM 0000 924

| ON WELLES 2012 |
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|                |

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for NAMOGO ARTESIA

SUNDRY NOTICES AND REPORTS

6. If Indian, Allottee or Tribe Name

|                      |   |   |  | Atherity of                    |   | )   | 7 If Unit or          | · CA/Agreement, Na                                    | ne and/or No.  |  |  |
|----------------------|---|---|--|--------------------------------|---|---|-----------------------|---|----------------|--|--|
| 1                    | SUBMIT IN TRIPLICATE- Other instructions on reverse side.  1. Type of Well  |   |  |                                |   |   |                       | - I Shirt St. St. M. Brownering Francis and Fol Trois |                |  |  |
|                      | 1. Type of Well Gas Well Other Tujed  |   |  |                                | tion                                    |   |                       | 8. Well Name and No.                                  |                |  |  |
| 2. 1                 | Name of Operator OXY USA In   | 16696   |  |                                |   | South Land Hills Unit #7  9. API Well No.  30-015-03531  10. Field and Pool, or Exploratory Area Low Hills QuGBSA |                       |   |                |  |  |
|                      | Address O. Box 50250 Midland, TX  | 3b. Phone No. (include area code)<br>432-685-5717 · |  |                                |   |   |                       |   |                |  |  |
|                      | Location of Well (Footage, Sec.,  |   |  |                                |   |   |                       |   |                |  |  |
|                      | 60FNL (950F   | •   |  | TIE                            | K 1526                                  | E   | 11. County            | or Parish, State                                      |                |  |  |
| Ų                    |   | 10 10 Mm Cc   | , , , , ,                                    |                                | , |   | E99                   | ing MM  |                |  |  |
|                      | 12. CHECK A   | PPROPRIATE BOX(ES)                                  | TO INDICATE                                  | O INDICATE NATURE OF NOTICE, R |   |   | REPORT, OR OTHER DATA |   |                |  |  |
|                      | TYPE OF SUBMISSION .  |   | TYPE OF ACTION                               |                                |   |   |                       |   |                |  |  |
| Г                    | Notice of Intent  | Acidize   | Deepen                                       |                                |   | tion (Start   | /Resume)              | Water Shut-Of   | ı              |  |  |
| <u> </u>             |   | Alter Casing Casing Repair                          | Fracture To New Cons                         |                                | Reclan                                  |   |                       | Well Integrity Other                                  |                |  |  |
| <u></u>              | Subsequent Report   | Change Plans  | Plug and A                                   |                                |   | piete<br>rarily Abai  | ndon                  | Other   |                |  |  |
| L                    | Final Abandonment Notice Convert to I   |   |  |                                |   | •   |                       |   |                |  |  |
| 2/12<br>3/12<br>1/12 | MIRU PU<br>Flowback 30bbls@ 1I<br>SIP 400#.<br>Well dead, ND WH, N<br>OK. Spot 45sx CL C  | NU BOP, rel pkr & Po                                |  |                                | •                                       | 500#,   | sqz 25sx              |   | 2256',         |  |  |
| 7/12                 | Well dead, RIH & tag cmt @ 1563', POOH. RIH & set pkr @ 1000'. RIH w/ WL & perf @ 1320', POOH. EIR @ 1.5BPM @ 700#, sqz 30sx CL C cmt, WOC. |   |  |                                |   |   |                       |   |                |  |  |
| 3/12                 |   |   |  |                                |   |   |                       |   |                |  |  |
| /12                  | RIH & tag cmt @ 240   |   | it, visually con                             | firmed                         | cmt to su                               | AcRepte   | Was to plu            | ugging of the w                                       | ell bore.      |  |  |
| 14.                  | . I hereby certify that the fore<br>Name (Printed/Typed)  | going is true and correct                           |  |                                |   |   |                       | n is completed.                                       |                |  |  |
|                      | David Stewart   |   |  | Title Regulatory Advisor       |   |   |                       |   |                |  |  |
|                      | Signature   | a   |  | Date                           | 14                                      | D( ( )  | FRIFI                 | FOR RE  | CORD           |  |  |
|                      |   | THIS SPACE FO                                       | R FEDERAL                                    | OR S                           | STATE OF                                | FICE  | JSE                   |   |                |  |  |
| Λ                    | proved by   |   |  |                                | Etla.                                   |   | CON                   | Dod A 20%   |                |  |  |
| Cor                  | proved by  nditions of approval, if any, are a tify that the applicant holds legal ich would entitle the applicant to                       | l or equitable title to those rig                   | ghts in the subject le                       | nt or                          | Title<br>Office                         |   | 90                    | Data 4 2012   | NACNIT         |  |  |
| Title<br>State       | e 18 U.S.C Section 1001 and Title es any false, fictitious or fraudul   | ent statements or representat                       | e it a crime for any<br>ions as to anymatter | person k<br>within i           | nowingly and<br>ts jurisdiction.        | wilfully to   | ARLSB                 | LAND MANAGE<br>y department or age<br>AD FIELU OF IN  | ncy of the Uni |  |  |
| (In                  | istructions on page 2)  |   |  | 111 z. <del></del>             |   |   | /                     |   |                |  |  |

Accepted for record MMOCD