| Form 3160-5<br>(March 2012)  | UNILDSIAL                                  |                                |                                | INTERIOR   |   | FORM APPROVED<br>OMB No. 1004-0137<br>Expires: October 31, 2014<br>5. Lease Serial No. |  |  |
|--|--|--------------------------------|--------------------------------|--|---|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-enter an<br>abandoned well. Use Form 3160-3 (APD) for such proposals.  |  |                                |                                |  |   | 304879<br>6. If Indian, Allottee or Tribe Name   |  |  |
| <b>SUBMIT IN TRIPLICATE</b> – Other instructions on page 2.  |  |                                |                                |  |   | 7. If Unit of CA/Agreement, Name and/or No.  |  |  |
| 1. Type of Well<br>Vil Well  |  | Lc                             |                                |  | 8. Well Name and No.<br>Lost Tank 4 Fed #11 |  |  |  |
| 2. Name of Operator<br>Oxy USA Inc.  |  |                                |                                |  |   | 9. API Well No.<br>3001537954  |  |  |
| 3a. Address<br>1017 W. Stanolind Hobbs NM  | 575-631-9436                               |                                |                                | 10. Field and Pool or Exploratory Area<br>Delaware |   |  |  |  |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)<br>1467 FNL 2263 FWL. Sec 04, T22S, R31E, F   |  |                                |                                |  |   | 11. County or Parish, State<br>Eddy County   |  |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA   |  |                                |                                |  |   |  |  |  |
| TYPE OF SUBM   | TYPE OF SUBMISSION TYPE OF ACTION          |                                |                                |  |   |  |  |  |
| Notice of Intent   |  | Acidize                        |                                | re Treat   | Recla                                       | action (Start/Resume)  | Water Shut-Off<br>Well Integrity                       |  |
| Subsequent Report  |  | Casing Repair                  | _                              | onstruction  | =   | mplete<br>oorarily Abandon   | V Other Location Downsizing                            |  |
| Final Abandonmer   | nt Notice                                  | Convert to Injection           | Plug B                         |  | · · ·                                       | r Disposal   |  |  |
| determined that the solution of the solution o | site is ready for a tal reclamation        |                                | er the BLM Req<br>REC<br>APR 2 |  | emove 96'                                   |  | ompleted and the operator has<br>edge of the location. |  |
|  |  |                                |                                |  |   | I) I<br>I I I  | ECLAMATION<br>UE 6-2/-/3                               |  |
| 14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed)   Chancey Summers   Title HES Advisor  |  |                                |                                |  |   |  |  |  |
| Signature  |  |                                | · ·                            | Date 04/08/201                                     | 3   |  |  |  |
|  |  | THIS SPACE                     | FOR FEDER                      | AL OR STA  | TE OFF                                      | ICE USE  |  |  |
| that the applicant holds lega<br>entitle the applicant to cond   | al or equitable titl<br>luct operations th |                                | t lease which would            | ld Office  |   | S Da   | r agency of the United States any false,               |  |
| fictitious or fraudulent state   |  | entations as to any matter wit |                                |  |   |  | agency of the United States any faise,                 |  |
| (Instructions on page 2)   |  |                                |                                |  |   |  |  |  |