Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OM B No. 1004-0135 Expires: January 31, 2004

| Lease Serial No. |  |
|------------------|--|
| NIR 6 0 1 1 C 5  |  |

5.

| ז חשווטכ   | MOTICES AND REI  | PURIS UN W  | ELLO                   |  |   |  |  |
|--|--|---|------------------------|--|---|--|--|
| Do not use the abandoned we  | 6. If Indian, Allottee or Tribe Name                                 |   |                        |  |   |  |  |
| SUBMIT IN TR   | 7. If Unit or CA/Agreeme   | 7. If Unit or CA/Agreement, Name and/or No.                       |                        |  |   |  |  |
| 1. Type of Well Oil Well □ □   | 8. Well Name and No.   |   |                        |  |   |  |  |
| 2. Name of Operator OXY USA INC.   |  |   |                        | 9. API Well No.                            | 9. API Well No.                                       |  |  |
| 3a. Address         3b. Phone No. (include area code)           1502 W. COMMERCE DR. CARLSBAD, NM 88220         575-628-4121   |  |   |                        | 30-015-26474<br>10. Field and Pool, or Exp | 30-015-26474  10. Field and Pool, or Exploratory Area |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |  |   |                        | BURTON DELAW                               | BURTON DELAWARE                                       |  |  |
| 2540 FSL 100 FEL NESE(I)   | 11. County or Parish, Sta  |   |                        |  |   |  |  |
| 12. CHECK AF   | PROPRIATE BOX(ES) TO   | INDICATE NAT  | JRE OF NOTICE,         | REPORT, OR OTHER D                         | DATA  |  |  |
| TYPE OF SUBMISSION   |  | Т   | YPE OF ACTION          |  |   |  |  |
| ☐ Notice of Intent ☑ Subsequent Report ☐ Final Abandonment Notice  | Acidize Alter Casing Casing Repair Change Plans Convert to Injection | Deepen Fracture Treat New Construction Plug and Abandon Plug Back | Reclamation Recomplete | te Other                                   |   |  |  |
| determined that the site is ready  | ECLAMATION WORK VIA  | INSTRUCTION FE  | ROM THE BLM.           | ACCEPTED F                                 |   |  |  |
| PD NMOCD   | RECEIV<br>NOV 2120<br>NUOCD-/  | ED  13  Aresia  |                        |  | 8 2013  D MANAGEMENT                                  |  |  |
| 14.11.1  |  | <del></del>   |                        |  |   |  |  |
| 14. Thereby certify that the foregoest Name (Printed/Typed)  | going is true and correct  | Title   | HES S                  | PECIAL (ST                                 |   |  |  |
| Signature Date 5-25-13   |  |   |                        |  |   |  |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE   |  |   |                        |  |   |  |  |
| Approved by  |  |   | Title                  | Data                                       |   |  |  |
| Approved by  Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to | or equitable title to those rights in                                |   | Office                 | Date                                       |   |  |  |

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 fo make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to anymatter within its jurisdiction.



(Instructions on page 2)