Form 3160-5 (August 1999)

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

EORM APPROVED	,
FORM APPROVED OMB NO 1004-0135	Λ
Expires: November 30, 200	

## SUNDRY NOTICES AND REPORTS ON WELLS

OCD-ARTE SEAL ease Serial No.
MAR 0 5 2009 NMNM19848
6. If Indian, Allottee or Tribe Name

abandoned well. Use Fon				Q. It makes,	motion of this state	
SUBMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or No.  8. Well Name and No.  Cypress 33 #3H  Federal			
1. Type of Well  X Oil Well Gas Well Other  2. Name of Operator						
OXY USA Inc.  3a. Address		2h Dhono No (waluda a	16696	9. API Well I	No.	
P.O. Box 50250, Midland, TX 79710-0250 432-685-5717  Location of Well (Footage, Sec., T., R., M., or Survey Description)			30-015- 10. Field and Pool, or Exploratory Area Cedar Canyon Bone Spring			
SL - 1650 FSL 400 FEL NESE(I) Sec 33 T23S R29E BHL - 1650 FSL 400 FWL NWSW(L) Sec 33 T23S R29E			11. County or Parish, State Eddy NM			
12. CHECK APPROPRIATE	BOX(ES) TO INC	CATE NATURE OF	NOTICE, REP	ORT, OR OT	HER DATA	
TYPE OF SUBMISSION		TY	PE OF ACTION	··················		
X Notice of Intent	Acidize	Deepen		(Start/Resume)	Water Shut-Off	
Subsequent Report	Alter Casing  Casing Repair	Fracture Treat  New Construction	Reclamation Recomplet		Well Integrity    X OtherBuild	
Final Abandonment Notice	Change Plans  Convert to Injection	Plug and Abandon  Plug Back	Temporarii Water Disp	y Abandon	Surface Location	
Per a phone conversation with the construct the surface location and expiring farm-out agreement this final approval.	d set the conduc	ctor pipe on the C	ypress 33 Fe	deral #3H.	Due to an	
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)  David Stewart	SPACE FOR FED	,	gulatory Ana	lyst		
	Peterson	Title	105 035	Da		
Conditions of approval, if any, are attached. Approval of				Ja-	FEB 2 0 2009	
certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subje	ct lease	CARLSB	AD FIFL	D OFFICE	

\*Form 3160-3 (August 1999)

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

FORM APPROVED OMB NO. 1004-0136 Expires: November 30, 2000

APPLICATION FOR PERMIT TO DRILL OR REENTER					5. Lease Serial No. NMNM19848		
ia. Type of Work X DRILL I	REENTER				6. If Indian, Allotee or Tribe Name		
1b. Type of Well X Oil Well Gas Well Other	r X	Single Zone	Multiple Zon	e 7. U	nit or CA Agree	ment Name and No.	
2. Name of Operator				8. L	ease Name and \	Well No.	
OXY USA Inc.	<del></del>	16696	lo. (include area co		ypress 33	Federal #3	
3a. Address		· ·	•	9. A	Pl Well No.		
P.O. Box 50250 Midland, TX 79710-0250  4. Location of Well (Report location clearly and in accordance with	h any State	43	2-685-5717		30-015-		
At surface 1650 FSL 400 FEL NESE(I)	i uny siaie	equirements)				Exploratory  n Bone Spring  r Bik. and Survey or Are	
At proposed prod. zone 1650 FSL 400 FWL NWSW(L)			_	Sec 33 T23S R29E			
14. Distance in miles and direction from nearest town or post office*				12.C	ounty or Parish	13. State	
6 miles northeast	from Lo	ving. NM		Edd	У	NM	
15. Distance from proposed*	ļ	16. No. of Acres	in lease	17. Spacing	Unit dedicated t	o this well	
location to nearest property or lease line, ft. (Also to nearest drg. unit line, if any)			160		160		
18. Distance from proposed location* to nearest well, drilling, completed,		19. Proposed Depth 20. B			BLM/BIA Bond No. on file		
applied for, on this lease, ft. 993'		11980'M	7770 <b>'</b> V		ES0136		
21. Elevations (Show whether DF, KDB, RT, GL, etc.		22. Approximate date work will start*		rt*	23. Estimated duration		
3011.2' GL		12/28/08			45		
The following completed in accordance with the requirements of Ons		Attachments	1 shall be attache	d to this for	n·		
<ol> <li>Well plat certified by a registered surveyor.</li> <li>A Drilling Plan</li> <li>A Surface Use Plan (if the location is on National Forest System Lands, the SUPO shall be filed with the appropriate Forest Service Office).</li> <li>Bond to cover the operations unless covolatem 20 above).</li> <li>Operator certification.</li> <li>Such other site specific information and authorized officer.</li> </ol>					overed by an exis		
25. Signuature	Nar	ne (Printed/Type	ed)		Date		
25. Signuature	David Stewart			l v	120/08		
Title Sr. Regulatory Analyst						ı	
Approved by (Signautre)	Nar	Name (Printed/Typed)			Date		
Title	Off	Office					
Application approval does not warrant or certify that the applicant he conduct operations thereon.  Conditions of approval, if any, are attached.  Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make					10 PM 10 M		
United States any false, fictitious or fraudulent statements or represent				· iiii uiiy iO li	ione to arry uch	a ancie of agency of the	