

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease-4 Copies
Fee Lease-3 Copies
 AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-38555	Pool Code 53815	Pool Name Sand Dunes Delaware West
Property Code 304929 ✓	Property Name PURE GOLD B FED.	Well Number ✓ 16
OGRID No. 16696 ✓	Operator Name OXY USA INC.	Elevation 3325.8'

Surface Location

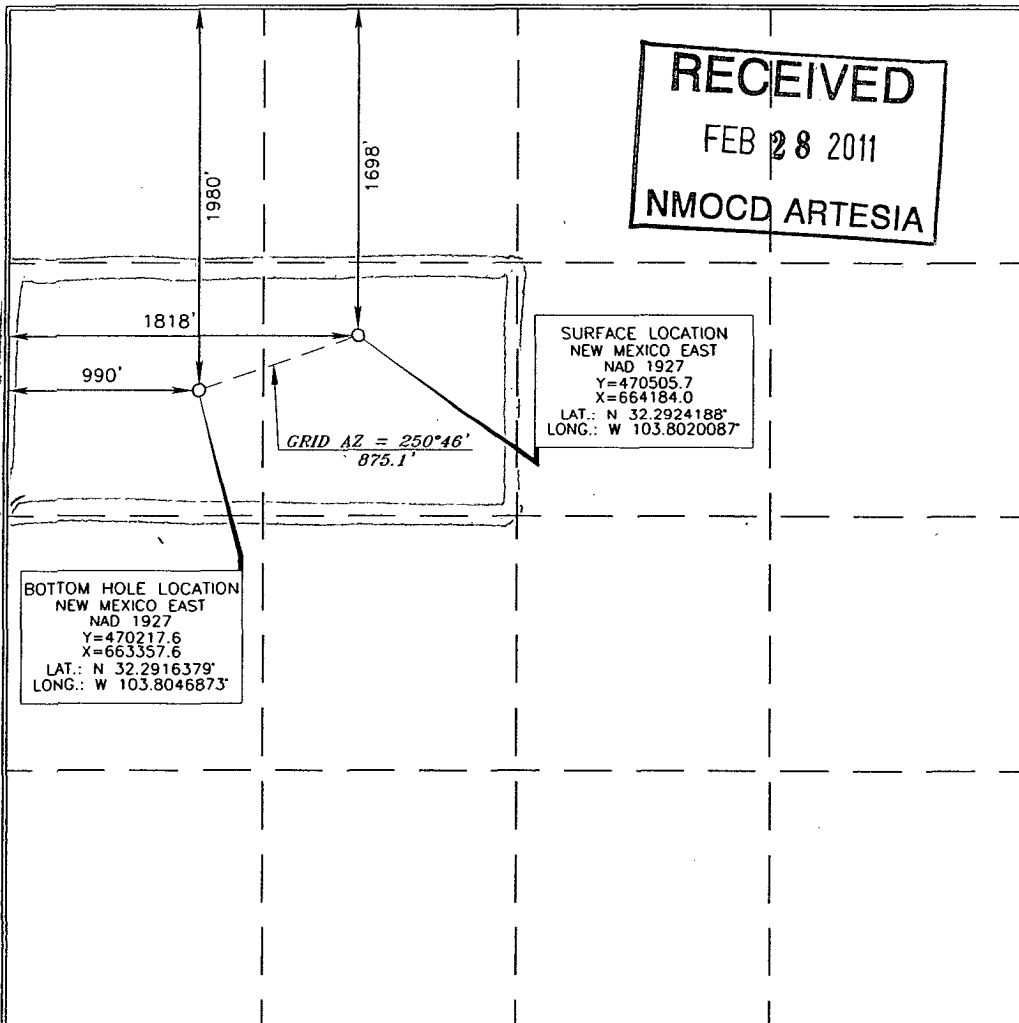
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	20	23 SOUTH	31 EAST, N.M.P.M.		1698'	NORTH	1818'	WEST	EDDY ✓

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	20	23 SOUTH	31 EAST, N.M.P.M.		1980'	NORTH	990'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
80	Y		

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

David Stewart Sr. 9/2/10
Signature Date
David Stewart Sr. Res. Analyst
Printed Name

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of a trial survey made by me or under my supervision, and that the same is true and correct to the best of my belief.

RECEIVED
MAY 18 2010
15079
Date of Survey
Signature and Seal of Professional Surveyor
Jerry J. Abel 5/27/2010
Certificate Number 15079

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT **OCD-ARTESIA**

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
OXY USA Inc. 16696

3a. Address P.O. Box 50250, Midland, TX 79710-0250
3b. Phone No. (include area code) 432-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SL - 1698 FNL 1818 FWL SENW(F) Sec 20 T23S R31E
PBHL - 1980 FNL 990 FWL SWNW(E) Sec 20 T23S R31E

5. Lease Serial No.
NMNM38463

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.
Pure Gold B #16
Federal

9. API Well No.
30-015-

10. Field and Pool, or Exploratory Area
Sand Dunes Delaware, West

11. County or Parish, State
Eddy NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Move</u>
	<input checked="" type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Surface Location</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

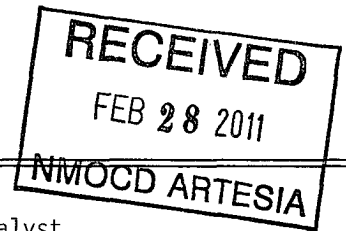
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

At the request of the BLM, OXY USA Inc. moved the surface location to an existing Pure Gold B wellsite and will directionally drill the well. The APD was originally filed 4/12/10.

Original Surface Location - 1980 FNL 990 FWL SWNW(E)

New Surface Location - 1698 FNL 1818 FWL SENW(F)
PBHL - 1980 FNL 990 FWL SWNW(E)

Attachments - Amended Drilling Plan, C-102 Plat, Proposed Directional Plan, Location Plats



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

David Stewart

Title

Sr. Regulatory Analyst

Date

9/9/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

STATE DIRECTOR

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

NM STATE OFFICE