Form 3160-5 (August 1999)

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

	FURM APPROVED	
OCD-AKT	OMB NO. 1004-0135	
	Expires: November 30, 2000	
	5 Lesse Serial No	

SUNDRY NOTICES AND REPORTS ON WELLS



NM38464

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well X Oil Well Gas Well Other 2. Name of Operator OXY USA Inc. 3a. Address P.O. Box 50250 Midland, TX 7971 4. Location of Well (Footage, Sec., T., R., M., or Survey I 660 FSL 1980 FEL SWSE(0) Sec 21 T.	Description)	8. Well Name and No. Pure Gold A 11 Federal 9. API Well No. 30-015-35301 10. Field and Pool, or Exploratory Area Sand Dunes Delaware, West
12. CHECK APPROPRIATE	BOX(ES) TO INDICATE NATURE OF NOTICE, RE	11. County or Parish, State Eddy NM PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTIO	N
If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be per following completion of the involved operations. It testing has been completed. Final Abandonment It determined that the final site is ready for final inspect 1. Check for overhead p 2. POOH with rod and p 3. POOH with tubing. 4. RIH with tubing and t 5. RIH and set RBP at 7 6. Perforate 7358-63' w 7. RIH with packer set a 8. Swab well and report 9. If zone warrants fract	Alter Casing X Fracture Treat Reclama Casing Repair New Construction Recomp Change Plans Plug and Abandon Temporal Convert to Injection Plug Back Water Description Descriptio	Additional Interval Perforate Additional Interval Perposed work and approximate duration thereof. Pertical depths of all pertinent markers and zones. Subsequent reports shall be filed within 30 days a new interval, a Form 3160-4 shall be filed once tion, have been completed and the operator has JAMES A. AMOS SUPERVISOR-EPS With 120° phasing HCl at 4 BPM. rac skip to step 11
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) David Stewart	Title Sr. Regulatory A	nalyst
On Fat	Date 4(25) 08	
THIS	SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subject lease	