

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

JUN 0.5 2008

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

	5. Lease Serial No.			
OCD-ARTESI	ÃNM-77060			
	6. If Indian, Allottee or Tribe Name			

JUN 1 7 2009 SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an ADDO ARTES Do not use this form for proposals to drill or to re-enter an ADDO ARTES Do not use this form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side					CA/Agreement, Name and/or No.	
1. Type of Well X Oil Well Gas Well Other					8. Well Name and No. Red Tank 34 7	
2. Name of Operator OXY USA Inc. 16696						
3a. Address 3b. Phone No. (include area code)					9. API Well No. 30-025-35941	
P.O. Box 50250 Midland, TX 79710		432-685-5717		10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Delaware, West	
1980 FSL 660 FEL NESE(I) Sec 34 T	11. County o	or Parish, State				
					FEddy Lea NM	
12. CHECK APPROPRIATE	BOX(ES) TO IND	DICATE NATURE OF	NOTICE, REP	ORT, OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
X Notice of Intent	Acidize	Deepen	Production	n (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamati		Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomple		X Other Drill Out	
Final Abandonment Notice	Change Plans	Plug and Abandon		ly Abandon	CIBP and open up	
I mai Abandonnient Notice	Convert to Injection	on Plug Back	Water Dis	posal	existing perfs	
Attach the Bond under which the work will be perfollowing completion of the involved operations. It testing has been completed. Final Abandonment N determined that the final site is ready for final inspection. 1. Check for overhead power lines 2. POOH w/ lift equipment. 3. RIH w/ work string and knock of 4. Attempt to circulate well. Rep 5. RIH w/ new lift design equipment 6. RDPU.	f the operation results in lotices shall be filed on ction.) Check wellhed the cut CIBP set at a court findings to	a multiple completion or ally after all requirements, in add pressure. RUPU. 8406' and push pason engineer.	recompletion in a including reclamati	new interval, a F	Form 3160-4 shall be filed once ompleted, and the operator has	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		Title				
David_Stewart			egulatory Ana	alyst		
Va. Vel			3/08			
		ERAL OR STATE OF				
Approved by Chris Welliams	•	CT SUPELIVISOR/GE	HERAL MAN	GER Da	ate	
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to twhich would entitle the applicant to conduct operations the	this notice does not we	arrant or Office ect lease		_		