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UNITED STATES

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FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCT 14 2008

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.

5. Lease Serial No.
See Attached List

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

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

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
See attached list /2. Name of Operator
OXY USA Inc.9. API Well No.
See attached list

3a. Address

PO Box 4294 Houston, TX 77210-4294

3b. Phone No (include area code)

713-366-5303

10. Field and Pool or Exploratory Area
See Attached List4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
See Attached11. Country or Parish, State
Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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>Change of Operator</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Pursuant to 43 CFR 3100-0-5(a) and 43 CFR 3162.3 OXY USA Inc. notifies you of a change in operator for the wells on the attached list.

OXY USA Inc., as the new operator, accepts all applicable terms, conditions, and stipulations concerning operations conducted on the leases or lease portions listed. OXY USA Inc. meets federal bonding requirements as required under 43 CFR 3104. Safeco Insurance Co. Nationwide Bond NO. 6194690 / BLM Bond No. ESB0136.

Effective Date: June 1, 2008

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)		Title	
Elizabaeth S. Bush-Ivie		Regulatory Team Leader	
Signature <i>Elizabaeth S. Bush-Ivie</i>		Date 8/5/08	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved by		Title	
		Office	
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			
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 to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction			
(Instructions on page 2)			

APPROVED

AUG 16 2008

Date

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

OXY USA Inc.

Change of Operator from: Bold Energy LP

Effective: June 1, 2008

Federal Bond No. 6194690 / ESB0136

Chaves County

Well Name	ULSTR	API	Federal Lease ID
LAZARUS FEDERAL #001	L-25-15S-27E	30-005-63780	BUFFALO VALLEY;PENN (PRORATED GAS) NMNM0115465a

Lea County

Well Name	ULSTR	API	Federal Lease ID
ANTELOPE RIDGE UNIT #010 ✓	L-3 -24S-34E ✓	30-025-28864 ✓	ANTELOPE RIDGE;MORROW (GAS) FEE
BUFFALO FEDERAL UNIT #004 ✓	H-4 -19S-33E ✓	30-025-01661 ✓	BUFFALO;PENN (GAS) NMLC060549
BELL LAKE #027 ✓	L-5 -24S-34E ✓	30-025-38562 ✓	BELL LAKE;DELAWARE, SOUTH NMLC061374A
BELL LAKE #028 ✓	M-5 -24S-34E ✓	30-025-38565 ✓	BELL LAKE;DELAWARE, SOUTH NMLC061374A
BELL LAKE #029 ✓	K-5 -24S-34E ✓	30-025-38566 ✓	BELL LAKE;DELAWARE, SOUTH NMLC061374A
BELL LAKE #030 ✓	N-5 -24S-34E ✓	30-025-38563 ✓	BELL LAKE;DELAWARE, SOUTH NMLC061374A
BELL LAKE #025 ✓	L-5 -24S-34E ✓	30-025-38175 ✓	BELL LAKE;MORROW, SOUTH (GAS) NMLC061374A
JACOB FEDERAL #001 ✓	M-3 -19S-33E ✓	30-025-37674 ✓	BUFFALO;PENN (GAS) NMLC064153
BELL LAKE #026			NMLC065194
ANTELOPE RIDGE UNIT #008 ↓	H-28-23S-34E ↓	30-025-26868 ↓	ANTELOPE RIDGE;ATOKA (GAS) NMLC067715
ANTELOPE RIDGE UNIT #007 ↓	G-27-23S-34E ↓	30-025-27047 ↓	ANTELOPE RIDGE;ATOKA (GAS) NMLC071949
ANTELOPE RIDGE UNIT #002 ↓	2-4 -24S-34E ↓	30-025-20444 ↓	ANTELOPE RIDGE;MORROW (GAS) NMNM021422
ANTELOPE RIDGE UNIT #004 ↓	2-4 -24S-34E ↓	30-025-21037 ↓	SWD;BELL CANYON-CHERRY CANYON NMNM021422
ANTELOPE RIDGE UNIT #006 ↓	G-3 -24S-34E ↓	30-025-26291 ↓	ANTELOPE RIDGE;MORROW (GAS) NMNM0327106
ANTELOPE RIDGE UNIT #003 ↓	K-34-23S-34E ↓	30-025-21082 ↓	ANTELOPE RIDGE;MORROW (GAS) STATE
ANTELOPE RIDGE UNIT #009 (Atoka)			STATE
ANTELOPE RIDGE UNIT #009 (Morrow) ↓	P-33-23S-34E ↓	30-025-28863 ↓	ANTELOPE RIDGE;MORROW (GAS) STATE
ANTELOPE RIDGE UNIT #011 ↓	E-34-23S-34E ↓	30-025-37624 ↓	ANTELOPE RIDGE;ATOKA (GAS) STATE
ANTELOPE RIDGE UNIT #012 ↓	A-33-23S-34E ↓	30-025-37625 ↓	ANTELOPE RIDGE;MORROW (GAS) STATE
BELL LAKE #024		30-025-38291	STATE/NMLC065194

APD only