Form 3160-5 (August 1999)

13.

UNITED STATES

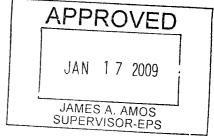
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FORM APPROVED

(August 1999)		OF THE INTERIO		OCTIVITY OF	OMB NO. 1004-0135 Expires: November 30, 2000	
BUREAU OF LAND MANAGEMENT			5 Lease Serial No.			
SUNDRY NOTICES AND REPORTS ON WELLS				8910086960 - LC031620B		
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 East Eumont Unit	
1. Type of Well Oil Well Gas Well X Other Injector					8 Well Name and No.	
2. Name of Operator						
OXY USA WTP LIMITED PARTNERSHIP					9. API Well No.	
3a. Address		0240	3b. Phone No. (include area code)		30-025-06065	
4008 N. GRIMES PMB #269 H0BBS, NM 88240 575-397-8247 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			4/	10. Field and Pool, or Exploratory Area Eumont Yates 7Rvr Qn		
660 FNL 1980 FWL, SEC 12 T 20S R 37E					Lumont races river un	
	0 TWE, SEC 12 1 203 K 37	·			11. County or Parish, State Lea NM	
12.	CHECK APPROPRIATE	BOX(ES) TO INC	DICATE NATURE	OF NOTICE, REP	ORT, OR OTHER DATA	
TYPE	OF SUBMISSION			TYPE OF ACTION		
N	lotice of Intent	Acidize	Deepen	Production	(Start/Resume) Water Shut-Off	
So	ubsequent Report	Alter Casing Casing Repair	Fracture Treat New Construction	Reclamation Recomplet	H	
XF	inal Abandonment Notice	Change Plans	Plug and Aband		ly Abandon	
		Convert to Injection	on Plug Back	Water Disp	oosal	
If the proposal Attach the Bo following corr testing has be determined that	I is to deepen directionally or recomp and under which the work will be per appletion of the involved operations. I en completed. Final Abandonment N at the final site is ready for final inspe- rements have been met for	lete horizontally, give s formed or provide the I f the operation results in lotices shall be filed or oction.)	ubsurface locations and Bond No. on file with B in a multiple completion after all requirements	measured and true ver LM/BIA. Required so or recompletion in a re	oposed work and approximate duration thereof trical depths of all pertinent markers and zones ubsequent reports shall be filed within 30 days new interval, a Form 3160-4 shall be filed once on, have been completed, and the operator has	
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HOBBSOCD



1	JAMES A. AMOS SUPERVISOR-EPS				
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) CJ Summers	Title HES Specialist				
	Date 01/07/09				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by Conditions of approval, if any, are attached. Approval of this notice does not wan certify that the applicant holds legal or equitable title to those rights in the subject	Title DISTRICT 1 SUPERVISOR Date Trant of Office				
which would entitle the applicant to conduct operations thereon.					
Title 18 H.S.C. Section 1001 and Title 43 H.S.C. Section 1212 makes it a army for any person knowingly and willfully to make to any department on a section 1212 makes it a army for any person knowingly and willfully to make to any department on a section 1212 makes it a army for any person knowingly and willfully to make to any department of a section 1212 makes it a army for any person knowingly and willfully to make to any department of a section 1212 makes it a army for any person knowingly and willfully to make to any department of a section 1212 makes it a army for any person knowingly and willfully to make to any department of a section 1212 makes it a army for any person knowingly and willfully to make to any department of a section 1212 makes it a army for any person knowingly and willfully to make to a section 1212 makes it as a section					