

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS
RECEIVED
JAN 11 2010
HOBBSOCD

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u>		5. Lease Serial No. <u>LC061869</u>
2. Name of Operator <u>OXY USA Inc.</u>		6. If Indian, Allottee or Tribe Name
3a. Address <u>P.O. Box 50250, Midland, TX 79710-0250</u>		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) <u>432-685-5717</u>		8. Well Name and No. <u>Cotton Draw Unit #30</u> ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1980 FNL 1980 FWL SENW(F) Sec 21 T25S R32E</u> ✓		9. API Well No. <u>30-025-08208</u> ✓
		10. Field and Pool, or Exploratory Area <u>Paduca Delaware</u>
		11. County or Parish, State <u>Lea</u> <u>NM</u> ✓

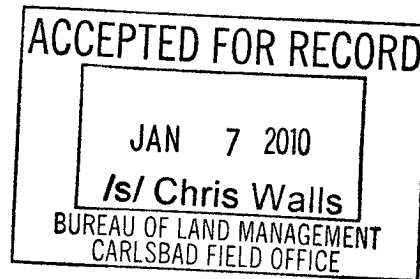
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" 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>Return</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>To Injection</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 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 shall 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 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.)

Run MIT 11/19/09, test to 500# for 30 min. prior to reconnecting and returning well to injection on 12/17/09.

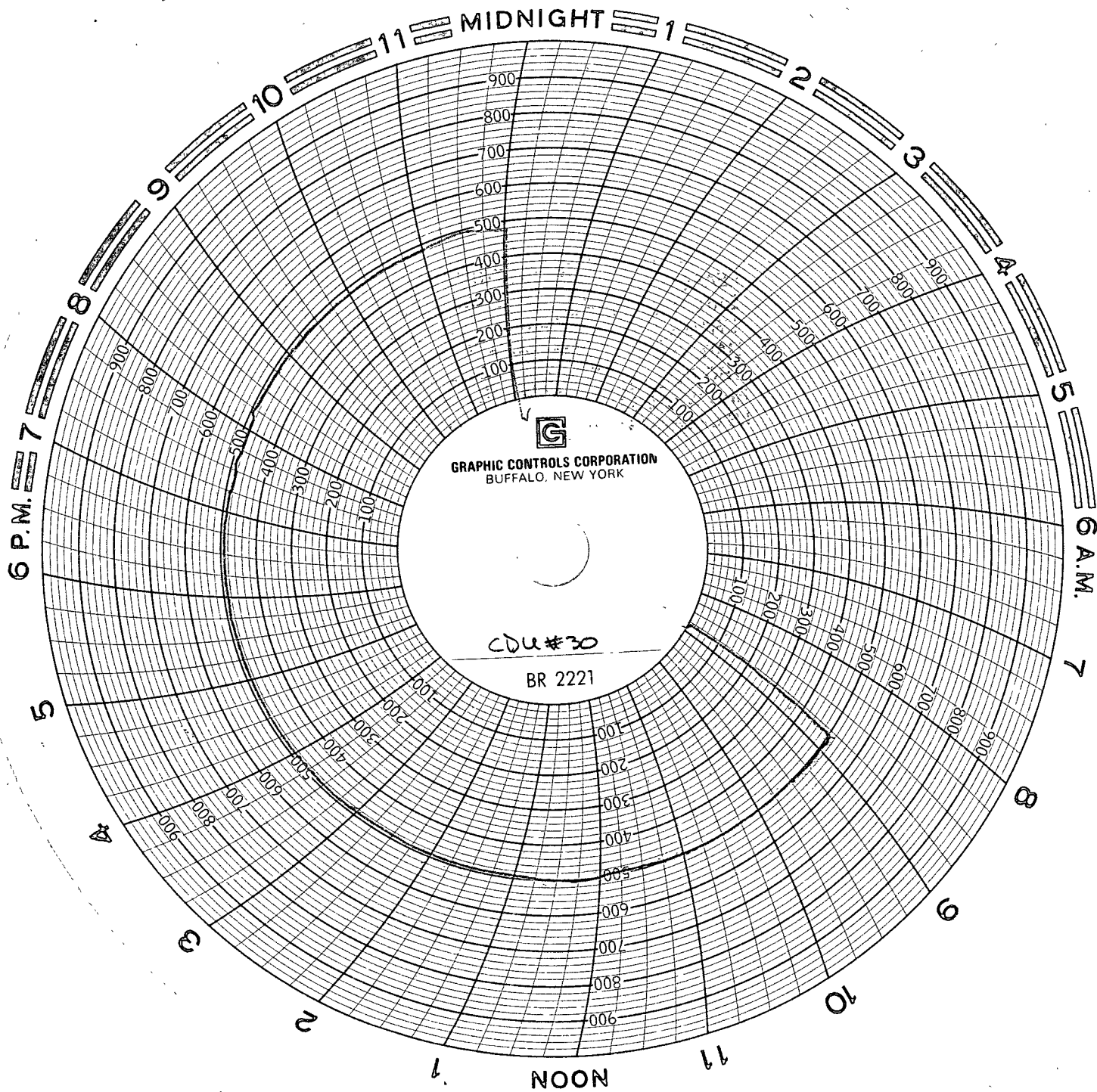
W/FX-638



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) <u>David Stewart</u>	Title <u>Sr. Regulatory Analyst</u>
<u>[Signature]</u>	Date <u>12/22/09</u>

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <u>[Signature]</u>	DISTRICT 1 SUPERVISOR	Date <u>JAN 13 2010</u>
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



Cuatro Transportation, inc.

LEASE COMMON DRAW WELL 30

DATE RRC NOTIFIED _____

DRIVER JOSE VASQUEZ UNIT # 53

DATE TESTED 11-19-09

TBG PSI 0 CSG PSI 500#

RRC WITNESS _____

LS OPERATOR DEANS PUMPING

Rec Mid Res 12/21/09