Form 3160-5 (August 2007)

## OCD-HOBBS **UNITED STATES**

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2019

5. Lease Serial No. NM -077090

6. If Indian, Allottee or Tribe Name

## **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 page 2.					7. If Unit of CA/Agreement, Name and/or No.					
1. Type of Well  Oil Well  Gas	8. Well Name and No. Falcon Federal No. 1									
2. Name of Operator OXY USA Inc.			9. API Well 1 30-025-	Vo.						
			(include area code) 10. Field and P			Pool or Exploratory Area pe Draw Delaware				
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1980 FSL & 660 FEL Sec 1 T24S R34E Unit "!"					11. Country or Parish, State Lea County, NM					
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INI	DICATE NATUR	E OF NOTIC	E, REPORT (	OR OTHER	DATA			
TYPE OF SUBMISSION TYPE OF ACT										
Notice of Intent	Acidize Alter Casing Casing Repair		oen ture Treat	Recla	action (Start/Remation	į	Water Shut-Off Well Integrity  Other Test and return to			
✓ Subsequent Report	Change Plans		and Abandon		Temporarily Abandon		production			
Final Abandonment Notice	Convert to Injection	Plug	Back	Water Disposal						
Attach the Bond under which the following completion of the involtesting has been completed. Final determined that the site is ready for tubing anchor, pump, and completing anchor, pump,	lived operations. If the operation of th	on results in a rebe filed only af a state of the state o	nultiple completion ter all requirement  The Drop standing opane tank (fuel	on or recomplets, including to the second sec	etion in a new reclamation, he and test tub I return to produce to the second s	v interval, a I nave been con sing. Retriev oduction.	Form 3160-4 must be impleted and the open we standing valve all tests are attach	oe filed o erator ha	once as /new	
14. I hereby certify that the foregoing is	true and correct. Name (Printe	d/Typed)								
Elizabeth S. Bush-Ivie, P.E.			Title Regulatory Team Leader							
Signature Tale Me South Dir, P. E.			Date 08/04/2010  ACCEPTED FOR RECORD							
	THIS SPACE	FOR FEDE	RAL OR ST	ATE OFF	ICE USE	JEI IEU	/ TON NEO	7		
Approved by	<del></del>	9-7-1				AUG Date	2 5 2010			
Conditions of approval, if any, are attached that the applicant holds legal or equitable entitle the applicant to conduct operations	ould Office		·Bl	JREAU OF L	ris Walls AND MANAGEME					
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr				nd willfully to	make to any	department or	agency of the Unite	d States	any false	