new Mexico Oil Conservation Division, District i

1625 N. French Drive Hobbs, NM 88240

Form 3160-5 (August 2007)

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

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No.

					D. Deade Serial 110.		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an					6. If Indian, Allottee or Tribe Name		
	Use Form 3160-3 (A						
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well					Todd Lower SA Unit		
Oil Well Gas Well Other Injection					8. Well Name and No. / 357		
2. Name of Operator Oxy USA Inc.	to 1				9. API Well No. 3004120009		
3a. Address 3b. Phone No. (include area code) 1502 W. Commerce, Carlsbad, NM 88220					10. Field and Pool or I Todd Lower San An	•	
4. Location of Well (Footage, Sec., T.R.M., or Survey Description)					11. Country or Parish,		-
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) UL G, Sec. 35 T7S 35E 1980' from the North line 1980' from the East line					New Mexico Roosevelt County		
12. CHEC	K THE APPROPRIATE BO	X(ES) TO IND	ICATE NATUR	RE OF NOTIC	CE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION			T	YPE OF ACT	ION		
Notice of Intent	Acidize	Deep	en	Produ	uction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fract	ire Treat	✓ Recla	amation	Well Integrity	
✓ Subsequent Report	Casing Repair	_	Construction		mplete	Other	
	Change Plans		and Abandon	_	orarily Abandon		
Final Abandonment Notice 13. Describe Proposed or Completed On	Convert to Injection	Plug			r Disposal		
All Hard Pan was removed on all loc acceptable limits, these areas were installed for the dry-hole marker.	ations and roads. These a reclaimed by burying any s	soil not native	for topsoil, ripp	PH, BTEX, ar ped, and re-s	seeded with seeding r	verified that all levels were belonative to this area. Flat plate very place of the	ow vas
RECEIVED							
JAN 70 2000					AL	0 5, 2011	
		HOBBS	UUU		NAME A	L RESOURCE ECIALIST	
14. I hereby certify that the foregoing is tr	ue and correct. Name (Printed	l/Typed)		···			
Kelton Beaird	, 2		Title HES Sp	ecialist			
Signature	15 6		Date 07/28/2	010			
	THIS SPACE I	FOR FEDE	RAL OR ST	ATE OFF	ICE USE		
Approved by							
•••••			Title		l _r	Date .	
Conditions of approval, if any, are attached hat the applicant holds legal or equitable ti	tle to these rights in the subject	not warrant or co	ertify				
entitle the applicant to conduct operations t	nereox. (> / // _	16111	i i				

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,

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.