## New Mexico Oil Conservation Division, District 1

Form (Augu

3160-5 ust 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	1625 N. French D Hobbs, NM 882	t	FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010
Do no	SUNDRY NOTICES AND REPORTS ON Work use this form for proposals to drill or to coned well. Use Form 3160-3 (APD) for such	6. If Indian, Allottee or Tribe Name		
	A STATE OF THE STA			

	orm for proposals t Use Form 3160-3 (A				o. II Indian, Allouee of	Thoe 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 Other Injection				8. Well Name and No. Todd Lower SA 5			
2. Name of Operator Oxy USA Inc.	Soga Patro				9. API Well No. 3004110145		
3a. Address 1502 W. Commerce, Carlsbad, NM 88220	3b. Phone No. (include area code) 575-628-4121		10. Field and Pool or Exploratory Area				
			Todd Lower SA Assoc  11. Country or Parish, State				
4. Location of Well (Footage, Sec., T.,, Unit Letter E_1980 feet from the North_line at Section 31 Township 7S	R.,M., or Survey Description  d _611_feet from the _West _line Range 36E				Roosevelt	State	
12. CHEC	K THE APPROPRIATE BO	X(ES) TO IND	CATE NATUR	E OF NOTIC	CE, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION		PE OF ACT	ION				
Notice of Intent Acidize Alter Casing		Deepe	en ire Treat		Production (Start/Resume) Water Shut-Off Reclamation Well Integrity		
✓ Subsequent Report	Casing Repair	=	Construction	=	omplete Other		
Tring About a many States	Change Plans Convert to Injection	Plug a	and Abandon				
Final Abandonment Notice  13. Describe Proposed or Completed O					r Disposal		
determined that the site is ready for All Hard Pan was removed on all locacceptable limits, these areas were installed for the dry-hole marker	cations and roads. These				seeded with seeding r		
RECEIVED					JAN 05 2011		
					_ 1	ared Pus.	
	AL	N 10 2011			NAME	AL RESOURCE	
	HO		SP	ECIALIST			
	no	BBSOC					
				·			
14. I hereby certify that the foregoing is t	rue and correct. Name (Printe	d/Typed)					
Kelton Beaird			Title HES Sp	ecialist			
Signature	3		Date 08/09/2	010			
	THIS SPACE	FOR FEDE	RAL OR ST	ATE OF	FICE USE		
Approved by							
			Title			Date	
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	itle to the subjection the subjection.	ct lease which wo	ould Office				
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it	a crime for any pe	rson knowingly a	nd willfully t	o make to any departmen	t 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)

