New Mexico Oil Conservation Division, District i

1625 N. French Drive

Form 3160-5

UNITED STATES

OMB No. 1004-0137

Date

Hobbs, NM 88240

(August 2007)	DEPARTMENT OF TH	HE INTERIOR	Expires: July 31, 2010
	BUREAU OF LAND M	ANAGEMENT	5. Lease Serial No.
Do not us		EPORTS ON WELLS Is to drill or to re-enter a 3 (APD) for such proposa	
SUBMIT IN TRIPLICATE – Other instructions on page 2.			7. If Unit of CA/Agreement, Name and/or No.
1. Type of Well		/	Todd Lower San Andres Unit
✓ Oil Well Gas Well Other			8. Well Name and No.
2. Name of Operator Oxy USA Inc.	atigo Petro.		9. API Well No. 3004120099
3a. Address 1502 W. Commerce, Carlsbad, N	A 88220	3b. Phone No. (include area of 575-628-4115	Todd Lower SA Assoc
Location of Well (Footage Unit Letter L_2180 feet from Section 32 To	ge, Sec., T.,R.,M., or Survey Description the _South_ line and _660_feet from the wnship 7S Range 36E	otion) e_West_line	11. Country or Parish, State Roosevelt County, NM
	12. CHECK THE APPROPRIATI	E BOX(ES) TO INDICATE NATU	URE OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACT			TYPE OF ACTION
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Water Shut-Off ✓ Reclamation Well Integrity
✓ Subsequent Report	Casing Repair	New Construction	Recomplete Other
Change Plans Final Abandonment Notice Convert to Injection		Plug and Abandon Diug Back	Temporarily Abandon Water Disposal
testing has been comple determined that the site All Hard Pan was remove	eted. Final Abandonment Notices notices in its ready for final inspection.) don all locations and roads. The reas were reclaimed by burying	nust be filed only after all requirements nese areas were then tested for	etion or recompletion in a new interval, a Form 3160-4 must be filed once tents, including reclamation, have been completed and the operator has TPH, BTEX, and Chlorides. Once verified that all levels were below pped, and re-seeded with seeding native to this area. A flat plate was
	•		ACCEPTED FOR RECORD
		RECEIVED	
		JAN 10 2011	JAN 0.5,2011
		HOBBSOCD	NAME WILL RESOURCE SPECIALIST
14. I hereby certify that the for Kelton Beaird	oregoing is true and correct. Name (F	Printed Typed) Title HES S	Specialist
Signature	/)///	Date 09/10	0/2010
	THIS SPA	CE FOR FEDERAL OR S	STATE OFFICE USE
Approved by			

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 thereof 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,

Title

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