## UNITED STATES DEPARTMENT OF THE INTERIOR LINE MEXICO Oil Conservation Division, District A 1625 N. French Drive OM Exp.

Form 3160-5 (August 2007)

(Instructions on page 2)

FORM APPROVED

BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

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.			6. If Indian, Allottee or Tribe Name	
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	
Oil Well Gas Well Other Injection			8. Well Name and No. 011	
2. Name of Operator Oxy USA Inc.			9. API Well No. 3004120123	· /
3a. Address       3b. Phone No. (include area code)         1502 W. Commerce, Carlsbad, NM 88220       575-628-4121			10. Field and Pool or Exploratory Area Todd Lower SA Assoc	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Unit Letter K_2120 feet from the _South_ line and _2023_feet from the _West_line / Section 31 Township 7S Range 36E			11. Country or Parish, State Roosevelt County, NM	
12. CHECI	K THE APPROPRIATE BOX(ES) TO IND	ICATE NATURE OF NOTI	CE, REPORT OR OTHE	ER DATA
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent  Subsequent Report  Final Abandonment Notice	Casing Repair New	ure Treat  Construction  Rec  Rec  Ten	duction (Start/Resume) lamation omplete aporarily Abandon ter Disposal	Water Shut-Off Well Integrity Other
testing has been completed. Final A determined that the site is ready for All Hard Pan was removed on all local contents.	ed operations. If the operation results in a management Notices must be filed only after final inspection.)  ations and roads. These areas were the eclaimed by burying any soil not native	er all requirements, including en tested for TPH, BTEX,	g reclamation, have been and Chlorides. Once yeseeded with seeding r	completed and the operator has verified that all levels were below
	RECENTION JAN 102 HOBBSC	011	NAME_Q	05 2011 ad luc RESOURCE CIALIST
14. I hereby certify that the foregoing is tru	te and correct. Name (Printed/Typed)			
Kelton Beaird	is and correct. Traine (17thread Typea)	Title HES Specialist		
Signature		Date 08/11/2010		
	THIS SPACE FOR FEDE	RAL OR STATE OF	FICE USF	
Approved by		Title	T	)ate
	Approval of this notice does not warrant or c le to these rights in the subject lease which wo hereon.	ertify	<u> </u>	
	J.S.C. Section 1212, make it a crime for any poentations as to any matter within its jurisdiction		to make to any departmen	t or agency of the United States any false