## New Mexico Oil Conservation Division, District A 1625 N. French Drive

Form 3160-5 (August 2007)

## **UNITED STATES**

Hobbs, NM 88240

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

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

5. Lease Serial No.

Do not use this t	IOTICES AND REPOR orm for proposals to o Use Form 3160-3 (APD	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	TIN TRIFLICATE - Other mist	Todd Lower San Andres Unit	
Oil Well Gas Well  Other injection			8. Well Name and No.
2. Name of Operator Oxy USA Inc.			9. API Well No. 3004120198
3a. Address       3b. Phone No. (include area code)         1502 W. Commerce, Carlsbad, NM 88220       575-628-4115			code) 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 C 640 feet from the North line and 1980 feet from the West_line  Section 32 Township 7S Range 36E			11. Country or Parish, State Roosevelt County, NM
12. CHEC	K THE APPROPRIATE BOX(E	S) TO INDICATE NATU	JRE OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION			TYPE OF ACTION
Notice of Intent	Acidize	Deepen	Production (Start/Resume) Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete Other
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Abandon Water Disposal
All Hard Pan was removed on all loc	ations and roads. These area eclaimed by burying any soil i	is were then tested for T	ents, including reclamation, have been completed and the operator has  TPH, BTEX, and Chlorides. Once verified that all levels were below oped, and re-seeded with seeding native to this area. A flat plate was  ACCEPTED FOR RECORD
	IAN	10 2011	
		SOCD	JAN 0 5, 2011  NAME WILLIAM NATURAL RESOURCE SPECIALIST
14. I hereby certify that the foregoing is tru	e and correct. Name (Printed Type	ed)	
Kelton Beaird	A ( )	Title HES Sp	pecialist
Signature /	5-0	Date 09/10/2	2010
	THIS SPACE FOR	R FEDERAL OR ST	TATE OFFICE USE
Approved by			
Conditions of approval, if any, are attached. that the applicant holds legal or equitable titl entitle the applicant to conduct operations the	e to those rights in the subject least	/arrant or certify which would Office	Date

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

(Instructions on page 2)