Form 3160-5 (August 1999) CCA-Hobbs

TED STATES

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

5. Lease Serial No.

8910138170 - NM7488

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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 reverse side | | | | 7. If Unit or CA/Agreement, Name and/o Myers Langlie Mattix Unit | |
| I. Type of Well Coli Well Gas Well Other Other Colin Coli | | | | 8. Well Name and No | |
| 2. Name of Operator | | | | 166 | |
| | | | 192463 | | |
| P.O. Box 50250, Midland, TX 79710-0250 | | 3b. Phone No. (include area code) 915-685-5717 | | 30-025- 2748(10. Field and Pool, or Exploratory Area | |
| Location of Well (Footage, Sec., T., R., M., or Survey) | | 1 743 003-3717 | <u> </u> | | ttix 7Rvr Qn-GB |
| 1980 FSL 760 FWL NWSW (| (L) Sec 4 T | Z4S R37E | | 11. County or I | Parish, State |
| 12. CHECK APPROPRIATE | BOX(ES) TO INI | DICATE NATURE OF | NOTICE, REPO | Lea ORT, OR OTH | NM IER DATA |
| TYPE OF SUBMISSION | TYPE OF SUBMISSION TYPE OF ACTION | | | | |
| Notice of Intent | Acidize | Deepen | Production | (Start/Resume) | Water Shut-Off |
| | Alter Casing | Fracture Treat | Reclamation | ` ′ ′ | Well Integrity |
| Subsequent Report | Casing Repair | New Construction | Recomplete | , [| Other |
| Final Abandonment Notice | Change Plans Plug and Abandon Temporaril | | | y Abandon | |
| | Convert to Injection Plug Back Water Disp | | | osal | |
| testing has been completed. Final Abandonment Metermined that the final site is ready for final inspection. TD- 3755 PBTD- 3379 P OXY USA WIP LP requests to extend This will allow OXY to determine p This well passed a casing integrit | erfs- <u>3468-370</u> the Temporarily | A Ples/CIBP- y Abandon Status A uses for this wel | 3ΥιΥ Approval. | | - The min Pariod |
| I hereby certify that the foregoing is true and correct Name (PrintedTyped) | | Title | | | |
| David Stewart | | Sr. Re | egulatory Anal | lyst | |
| Vin Stat | | Date | stoloz | | |
| | SPACE FOR FED | ERAL OR STATE OF | FICE USE | | |
| Approved by (ORIG. SGD.) JOE G | | Title Patr | oleum Fraise | Date | 6/18/02 |
| Conditions of approval, if any, are attached. Approval of ertify that the applicant holds legal or equitable title to | | arrant or Office | | | , -, -, - |

le 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United

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