

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC065729
2. Name of Operator OXY USA WTP LP Contact: JENNIFER A DUARTE E-Mail: jennifer_duarte@oxy.com		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-513-6640	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R28E SWNE 1650FNL 1980FEL		8. Well Name and No. CHRIS ROBIN 20 FEDERAL 7
		9. API Well No. 30-015-40794
		10. Field and Pool, or Exploratory ARTESIA; GLORIETA-YESO
		11. County or Parish, and State EDDY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

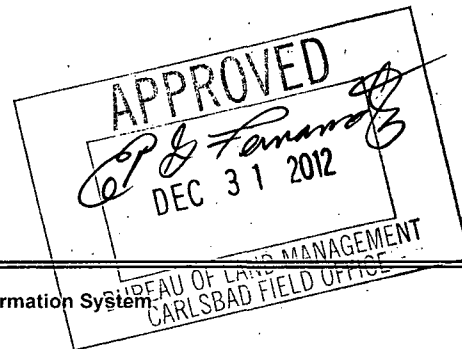
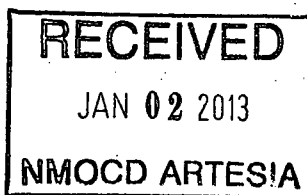
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

AS APPROVED BY EMAIL BY ED FERNANDEZ, OXY REQUEST PERMISSION TO CHANGE THE SURFACE CASING ON THE ABOVE MENTION WELL AS DESCRIBED IN THE ATTACHMENT.

Accepted for record  
NMOCD

10/13/2013



14. I hereby certify that the foregoing is true and correct. Electronic Submission #171264 verified by the BLM Well Information System For OXY USA WTP LP, sent to the Carlsbad	
Name (Printed/Typed) JENNIFER A DUARTE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/26/2012

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
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 thereon.		Office _____

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***



Fernandez, Edward <efernand@blm.gov>

## CORRECTED: Chris Robin 20 Federal 5, 7, 8 Sundry

2 messages.

Anthony\_Tschacher@oxy.com <Anthony\_Tschacher@oxy.com>

Fri, Dec 21, 2012 at 5:05 PM

To: efernand@blm.gov

Cc: Sebastian\_Millan@oxy.com, Jennifer\_Duarte@oxy.com

Ed,

Sorry about that Ed. Good catch! We plan this for the Chris Robin 20 Federal 5, 7, & 8. I understand we can submit the 7 and 8 after the holidays. We will be drilling the Chris Robin Federal 5 first. Please let me know if you need anything else.

As discussed, below is the information about the surface casing change from 9-5/8" casing to 8-5/8" on Savanna 415. Jennifer can you please put together and submit to BLM (cc Ed Fernandez) this sundry at your earliest convenience? Thanks

### Current Design:

Surface Casing: 9.625" casing set at  $\pm$  450' MD/ 450' TVD in a 12.25" hole filled with 10 ppg mud

Interval	Length	Wt	Gr	Condition	Cplg	Coll Rating (psi)	Burst Rating (psi)	Jt Str (M-lbs)	ID (in)	Drift (in)
0'-450'	450'	36	J-55	New	ST&C	2020	3520	394	8.921	8.765

Interval	Amount sx	Ft of Fill	Type	Gal/Sk	PPG	Ft <sup>3</sup> /sk	24 Hr Comp
Surface (TOC: 0' - 450')							
<b>Lead:</b> 0' - 450' (150% Excess)	150	0'	Premium Plus Cement: 94 lbm/sk Premium Plus Cement, 10 lbm/sk Cal-Seal 60, 0.125 lbm/sk Poly-E-Flake, 10 lbm/sk Kol-Seal, 1 % Calcium Chloride - Flake	7.46	14.2	1.67	1290 psi
<b>Tail:</b> 0' - 450' (150% Excess)	250	450'	Premium Plus Cement: 94 lbm/sk Premium Plus Cement, 2 % Calcium Chloride - Flake	6.39	14.8	1.35	2500 psi

### New Design:

String	OD (in)	ID (in)	Drift (in)	CPL OD (in)	Weight (lb/ft)	Grade	CXN	Burst (psi)	Collapse (psi)	Tension (k-lbs)	Torque (ft-lbs)		
											Min	Opt	Max
Surface	8.625	8.097	7.972	9.625	24	J55	STC	2950	1370	244	1830	2440	3050

Interval	Amount sx	Ft of Fill	Type	Gal/Sk	PPG	Ft <sup>3</sup> /sk	24 Hr Comp
Surface (TOC: 0' - 450')							
<b>Tail:</b> 0' - 450' (125% Excess)	210	450'	Premium Plus Cement: 94 lbm/sk Premium Plus Cement, 2 % Calcium Chloride - Flake	6.36	14.8	1.34	1608 psi

Thanks,

Anthony "Ty" Tschacher

Drilling Engineer

Occidental Oil and Gas Corporation

Permian Business Unit

5 Greenway Plaza, Suite 110 | Houston | TX 77046-0521

Office 713-985-6949 | Mobile 832-270-6883

anthony\_tschacher@oxy.com

Fernandez, Edward <efernand@blm.gov>

Fri, Dec 21, 2012 at 5:09 PM

**Current Design:**Surface Casing: 9.625" casing set at  $\pm$  450' MD/ 450' TVD in a 12.25" hole filled with 10 ppg mud

Interval	Length	Wt	Gr	Condition	Cplg	Coll Rating (psi)	Burst Rating (psi)	Jt Str (M-lbs)	ID (in)	Drift (in)
0' - 450'	450'	36	J-55	New	ST&C	2020	3520	394	8.921	8.765

Interval	Amount sx		Ft of Fill	Type	Gal/Sk	PPG	Ft <sup>3</sup> /sk	24 Hr Comp			
Surface (TOC: 0' – 450')											
Lead: 0' – 450' (150% Excess)	150	0'	Premium Plus Cement: 94 lbm/sk Premium Plus Cement, 10 lbm/sk Cal-Seal 60, 0.125 lbm/sk Poly-E-Flake, 10 lbm/sk Kol-Seal, 1 % Calcium Chloride - Flake					7.46	14.2	1.67	1290 psi
Tail: 0' – 450' (150% Excess)	250	450'	Premium Plus Cement: 94 lbm/sk Premium Plus Cement, 2 % Calcium Chloride - Flake					6.39	14.8	1.35	2500 psi

**New Design:**

String	OD (in)	ID (in)	Drift (in)	CPL OD (in)	Weight (lb/ft)	Grade	CXN	Burst (psi)	Collapse (psi)	Tension (k-lbs)	Torque (ft-lbs)				
											Min	Opt	Max		
Surface		8.625	8.097		7.972	9.625	24	J55	STC	2950	1370	244	1830	2440	3050

Interval	Amount sx		Ft of Fill	Type	Gal/Sk	PPG	Ft³/sk	24 Hr Comp				
Surface (TOC: 0' – 450')												
Tail: 0' – 450' (125% Excess)	210	450'	Premium Plus Cement: 94 lbm/sk Premium Plus Cement, 2 % Calcium Chloride - Flake					6.36	14.8	1.34	1608 psi	