

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. NNNM99016
2. Name of Operator OXY USA INCORPORATED Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936 Fx: 432-685-5742	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T20S R25E SWSW 480FSL 840FWL 32.567535 N Lat, 104.529655 W Lon		8. Well Name and No. OSAGE 18 FEE C COM 1H
		9. API Well No. 30-015-40761
		10. Field and Pool, or Exploratory SEVEN RIVERS GLOR YESO,N.
		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 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 checked="" 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	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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.)

RU CTU 10/28/14, RIH @ Tag PBTD @ 6705', pressure test csg to 6200# for 30 min, lost 230#, good test. RIH & perf @ 6650-6430, 6320-6100, 5990-5770, 5660-5440, 5330-5110, 5000-4780, 4670-4450, 4340-4120, 4010-3790, 3680-3460, 3350-3130, 3020-2800' Total 504 holes. Frac in 12 stages w/ 40057G 15% HCL ACID + 2393386G TRT WTR W/2136640# sand, RD C&J Energy Services. RIH & clean out well, tag up PBTD @ 6705'. RIH with 2-7/8" tbg w/ TAC @ 1998'. RIH w/ 1-1/2" X 26' rod pump, pump to clean up and test well for potential.

AND 4/28/15
Accepted for record
NMOCD

NM OIL CONSERVATION
ARTESIA DISTRICT
APR 13 2015
RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #296394 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 04/03/2015		ACCEPTED FOR RECORD APR - 6 2015 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Name (Printed/Typed) JANA MENDIOLA	Title REGULATORY COORDINATOR	
Signature (Electronic Submission)	Date 03/26/2015	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved By _____		Title _____
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.		
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.		Office _____

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