UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia

FORM APPROVED OMB NO. 1004-0135

OMB NO. 1004	-0135
Expires: July 31	, 2010
es Corial No.	

SUNDRY NOTICES AND REPORTS ON WELL	.S
Do not use this form for proposals to drill or to re-en	ter an
abandoned well. Use form 3160-3 (APD) for such pro-	

NMNM86024

6. If Indian, Allottee or Tribe Name

	., GGC (GIIII G100-0 (A1 D)	107 Such proposi	ns.			
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agre	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Other					8. Well Name and No. CYPRESS 34 FEDERAL 10H	
Name of Operator Contact: JANA MENDIOLA OXY USA INCORPORATED E-Mail: janalyn_mendiola@oxy.com			9. API Well No. 30-015-43076-0	9. API Well No. 30-015-43076-00-S1		
5 GREENWAY PLAZA SUITE 110 Ph: 432-685-5		b. Phone No. (include Ph: 432-685-5936 Fx: 432-685-5742		10. Field and Pool, or Exploratory CEDAR CANYON UNKNOWN		
4. Location of Well (Footage, Sec., T.	, R., M., or Survey Description)			11. County or Parish,	and State	
Sec 34 T23S R29E NWNW 210FNL 330FWL 32.267892 N Lat, 103.979624 W Lon			EDDY COUNTY, NM			
12. CHECK APPR	OPRIATE BOX(ES) TO I	NDICATE NATU	RE OF NOTICE,	REPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
	☐ Acidize	☐ Deepen	☐ Prodi	uction (Start/Resume)	☐ Water Shut-Off	
☐ Notice of Intent	☐ Alter Casing	☐ Fracture Tre	_		☐ Well Integrity	
Subsequent Report	☐ Casing Repair	☐ New Constru	_		☑ Other	
Final Abandonment Notice	☐ Change Plans	☐ Plug and Ab	, –	orarily Abandon	a ome	
	Convert to Injection	☐ Plug Back		r Disposal		
determined that the site is ready for fit 11/6/15 RIH with 2-7/8" tbg & r Well Test 2/7/16: Oil-242 Ga	okr & set @ 8688'. RIH w/ ç	gas lift valves, put	well on production.	NM OIL CONSE	RVATION	
71011 1031 21 710. OF 242 Oc	0_00,1,11d.tol_,100,1dbli	19_000p0i Ot	13111g-21000p3122	ARTESIA DIST	RICT	
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14. I hereby certify that the foregoing is Commi	Electronic Submission #333	CORPORATED, se	nt to the Carlsbad			
Name(Printed/Typed) DAVID ST	EWART .	Title	SR. REGULATOR			
Signature (Electronic St	ubmission)	Date	ACCEPTED F	OR RECORD		
	THIS SPACE FOR	FEDERAL OR	STATE OFFICE	USE /		
			/Arn	6 20 16 / \	1/1.//	
Approved By		Title		//n / /h	oda//	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct	table title to those rights in the sul	warrant or	BUREXU OF LAN CARLSBAD	ND MANAGEMENT		
Fitle 18 U.S.C. Section 1001 and Title 43 U.States any false, fictitious or fraudulent st	J.S.C. Section 1212, make it a crimatements or representations as to a	ne for any person knov my matter within its iu	vingly and willfully to a	make to any department or	agency of the United	