

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD

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. NMNM13996
2. Name of Operator OXY USA INC.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 50250 MIDLAND, TX 79710		7. If Unit or CA Agreement, Name and or No.
3b. Phone No. (include area code) Ph: 432-685-5936		8. Well Name and No. CEDAR CANYON 22 FEDERAL COM 5H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T24S R29E SWSW 1120FSL 207FWL 32.198632 N Lat, 103.979724 W Lon		9. API Well No. 30-015-43758
		10. Field and Pool, or Exploratory CORRAL DRAW BONE SPRING
		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 Drilling Operations	
	<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 recompletion 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.)

9/4/16 Skid rig from Cedar Canyon 22 Federal Com 6H to Cedar Canyon 22 Federal Com 5H, RU BOP, test @ 250# low 5000# high, good test. Test surface casing to 1500#, good test. RIH & tag cmt @ 320', drill new formation to 455', perform FIT test to EMW=24.5ppg, good test, 9/5/16 drill 9-7/8" hole to 7650', 9/9/16. RIH & set 7-5/8" 29.7# L-80 csg @ 7650', DVT @ 2936', ECP @ 2958', pump 40BFW spacer w/ red dye then cmt w/ 920sx (518bbl) PPC w/ additives 10.2ppg 3.07 yield followed by 250sx (74bbl) PPC w/ additives 13.2ppg, 1.66 yield, no cmt to surface, open DVT w/ 680#, circ, pump 2nd stage cmt as follows: Pump 40BFW spacer then 2140sx (720bbl) PPC cmt @ 12.9ppg, 1.89 yield, followed by 190sx (45bbl) PPC cmt @ 14.8ppg, 1.33 yield, circ 425sx (143bbl) cmt to surf, drop cancellation plug, pressure up to 2650# & close DVT. Install packoff, test to 5000#, ND BOP. 9/13/16 prepare for skid to Cedar Canyon 21 Federal Com 5H.

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #351707 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/19/2016 ()	
Name (Printed/Typed)	DAVID STEWART	Title	SR. REGULATORY ADVISOR
Signature	(Electronic Submission)	Date	09/19/2016
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>			
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.		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 \*\***