

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNMOCD  
ArtesiaFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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.*

<b>SUBMIT IN TRIPLICATE - Other instructions on page 2</b>		5. Lease Serial No. NMNM89819
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. PATTON MDP1 18 FEDERAL 1H
2. Name of Operator OXY USA INC.	Contact: SARAH MITCHELL E-Mail: sarah_mitchell@oxy.com	9. API Well No. 30-015-44317
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-699-4318	10. Field and Pool or Exploratory Area COTTON DRAW; BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Sec 7 T24S R31E Mer NMP NWNW 609FSL 712FWL 32.226265 N Lat, 103.823362 W Lon		11. County or Parish, State  EDDY COUNTY, NM

## 12. CHECK THE 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"/> Hydraulic Fracturing	<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	Drilling Operations
	<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 recomplete 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

11/16/17 NU BOP, test @ 250 psi low, 6000 psi high, good test. Test 13-3/8" surface csg to 1500 psi for 30 min., good test. RIH & tag cmt @ 601', drill new formation to 651', perform FIT EMW = 17.3 PPG. Drill 12-1/4" hole to 4316' (11/17/17). RIH w/ 9-5/8" 47# L80 BTC csg and set @ 4306', pump 80 BBLs gel spacer w/ green dye, then cmt w/ 1280 sks (395 BBLs) PPC w/ additives, 12.9 PPG, 1.73 yield, followed by 166 sks (39 BBLs) PPC w/ additives, 14.8 PPG, 1.33 yield. Circ. 619 sks (170 BBLs) to surface, full returns during job. BLM present to witness cmt operations. Pressure test csg to 4760 psi for 30 min, good test. Install pack off, ND BOP, install well cap, and move off location.

OIL CONSERVATION  
ARTESIA DISTRICT  
JAN 09 2018SC 1-10-18  
Accepted for record - NMOCD

RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #396415 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/30/2017 ()	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 11/30/2017
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 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD 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.

(Instructions on page 2)

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