

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.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA/Agreement, Name and/or No.
2. Name of Operator OXY USA INC		8. Well Name and No. CEDAR CANYON 29 FEDERAL 26H
3a. Address P.O. BOX 50250 MIDLAND, TX 79710		9. API Well No. 30-015-44523
3b. Phone No. (include area code) Ph: 432-685-5936		10. Field and Pool or Exploratory Area PIERCE CROSSING BONE SPRG
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T24S R29E Mer NMP NWSW 1610FSL 420FWL 32.185562 N Lat, 104.013801 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 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 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.

11/30/17 RU BOP, test @ 250# low 5000# high, test 10-3/4" casing to 1500# for 30 min, good test. RIH & drill new formation to 634', perform FIT test to EMW=19.5ppg, 322psi, good test. 12/2/17 drill 9-7/8" hole to 8025', 12/6/17. RIH & set 7-5/8" 29.7# L80 csg @ 8012', DVT @ 2844', ACP @ 2858' pump 60BFW spacer w/ dye then cmt w/ 450sx (197bbl) PPC w/ additives 10.2ppg 2.58 yield followed by 183sx (50bbl) PPC w/ additives 13.2ppg 1.61 yield, full returns throughout job, inflate ACP to 2500#, open DVT, circ thru DVT, circ 55sx (25bbl) cmt to surf. Pump 2nd stage w/ 20BFW spacer w/ dye then cmt w/ 1020sx (292bbl) PPC w/ additives 13.6ppg 1.69 yield, full returns, drop cancellation plug, pressure up & close DVT, circ 232sx (70bbl) cmt to surface, WOC. 12/7/17 Install pack-off, test to 10000#, good test. 12/8/17 ND BOP, install wellhead night cap & prepare rig for skid to Cedar Canyon 29 Federal Com 25H.

NM OIL CONSERVATION
ARTESIA DISTRICT

FEB 14 2018

AC 2-15-18
Accepted for record - NMOCD

RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #400270 verified by the BLM Well Information System For OXY USA INC, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/10/2018 ()	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 01/10/2018
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 ****