

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.*5. Lease Serial No.  
NMNM031963

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

PATTON MDP1 17 FEDERAL 5H

2. Name of Operator  
OXY USA INC.Contact: SARAH MITCHELL  
E-Mail: sarah\_mitchell@oxy.com

9. API Well No.

30-015-44444

3a. Address  
P.O. BOX 50250  
MIDLAND, TX 797103b. Phone No. (include area code)  
Ph: 432-699-431810. Field and Pool or Exploratory Area  
COTTON DRAW; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 8 T24S R31E Mer NMP SWSE 834FSL 1585FEL  
32.226888 N Lat, 103.795365 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 recompleat 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.

1/7/18 NU BOP, test @ 250 psi low, 5000 psi high, good test. Pressure test 13-3/8" csg to 1500 psi and held for 30 min, good test. RH & tag cmt @ 678', drill new formation to 736', perform FIT EMW = 14.4. Drill 12-1/4" hole to 447' (1/9/18). RIH w/ 9-5/8" 47#, J55 BTC csg and set @ 4471', pump 20 BBLs gel spacer, then cmt w/ 1220 sks (408 BBLs) PPC w/ additives, followed by 160 sks (38 BBLs) PPC w/ additives, 14.8 PPG, 1.33 yield. Circ. 163 BBLs to surface. BLM present during cementing operations. Pressure test csg to 4760 psi for 30 min, good test. Install well cap and release rig (1/10/18).

GC 3-12-18  
Accepted for record - NMOCDNM OIL CONSERVATION  
ARTESIA DISTRICT

MAR 12 2018

14. I hereby certify that the foregoing is true and correct.		RECEIVED	
Electronic Submission #405742 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 02/28/2018 ()			
Name (Printed/Typed)	DAVID STEWART	Title	SR. REGULATORY ADVISOR
Signature	(Electronic Submission)	Date	02/28/2018

**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 _____		

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 \*\***