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

FORM APPROVED OMB NO. 1004-0137

SUNDRY N Do not use this abandoned well	NOTICES AND REPO s form for proposals to l. Use form 3160-3 (API	RTS ON WE drill or to re-e D) for such pr	enter an CI	Arte	NMNM881	ottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
Type of Well					8. Well Name and No. CORRAL FLY 35-26 FEDERAL COM 35H		
Name of Operator OXY USA INCORPORATED Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com				9. API Well No. 30-015-44730-00-X1			
3a. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521		3b. Phone No. (include area code) Ph: 432-685-5936		10	10. Field and Pool or Exploratory Area PURPLE SAGE-WOLFCAMP (GAS)		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, State				
Sec 2 T25S R29E 434FNL 1278FEL 32.165340 N Lat, 103.950729 W Lon					EDDY COUNTY, NM		
12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICAT	E NATURE OF	NOTICE, RI	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
☐ Notice of Intent	☐ Acidize	☐ Deep	□ Deepen		(Start/Resun	ne) Water Shut-Off	
_	□ Alter Casing	☐ Hydr	aulic Fracturing	☐ Reclamation		■ Well Integrity	
Subsequent Report	□ Casing Repair	□ New	■ New Construction		te		
☐ Final Abandonment Notice	□ Change Plans	□ Plug and Abandon		□ Temporarily Abandon		Dinning Operations	
	☐ Convert to Injection	Plug	Plug Back		posal		
If the proposal is to deepen directional Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fit Spud 14-3/4" hole 10/2/18, dri 20BFW spacer then cmt w/ 41 throughout job, circ 95sx (23b)	k will be performed or provide operations. If the operation repandonment Notices must be final inspection. If to 463' 10/2/18. RIH & 2sx (99bbl) Class C w/ 2	e the Bond No. on esults in a multiple led only after all r set 10-3/4" 45 additives 14.80	file with BLM/BIA. completion or recorequirements, includi .5# J-55 csg @ 4	Required subsempletion in a newing reclamation, h	quent reports n v interval, a Fo	rm 3160-4 must be filed once	
					RECEIVED		
Accepted for record - NMOCD					OCT	1 6 2018	
				D	ISTRICT II-	ARTESIA O.C.D.	
14. I hereby certify that the foregoing is	Electronic Submission #	A INCORPORA	TEĎ, sent to the	Carlsbad	•		
Name (Printed/Typed) DAVID STEWART			Title REGULATORY ADVISOR				
Signature (Electronic S	ubmission) Date 10/11/2018						
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE USE	E		
Approved By			ACCEPIE	D FOR RI	ECURD	Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrant of certify that the applicant holds legal or equitable title to those rights in the subject lease which was the applicant to the subject lease.				T 1 1 2018	/s/	Jonathon Shepard	