Form 3160-5 (June 2015)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB NO. 1004-0137

Expires: January 31, 2018

5. Lease Serial No. NMNM88139

| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          | NMNM88139                                                                           |                                               |                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|--|
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3(APD) to sing proposed Office                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          |                                                                                     | 6. If Indian, Allottee or Tribe Name          |                                                  |  |
| SUBMIT IN TRIPLICATE - Other instruction of the gentlesia                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          | 7. If Unit or CA/Agreement, Name and/or No.                                         |                                               |                                                  |  |
| 1. Type of Well  ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          | 8. Well Name and No.<br>CORRAL FLY 35-26 FEDERAL COM 32H                            |                                               |                                                  |  |
| Name of Operator Contact: JANA MENDIOLA     OXY USA INCORPORATED E-Mail: janalyn_mendiola@oxy.com                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          | 9. API Well No.<br>30-015-44727-00-X1                                               |                                               |                                                  |  |
| 3a. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521  3b. Phone No. (incluence) Ph: 432-685-593                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    | )                                                                                                        | 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 694FNL 1038FWL<br>32.164627 N Lat, 103.960335 W Lon                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          | EDDY COUNTY, NM                                                                     |                                               |                                                  |  |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                  | PROPRIATE BOX(ES)                                                                                                                                                                                                                        | TO INDICAT                                                                                                          | E NATURE C                                                                                                                         | F NOTICE,                                                                                                | REPORT, OR                                                                          | OTHER I                                       | DATA                                             |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                | TYPE OF ACTION                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                                    |                                                                                                          |                                                                                     |                                               |                                                  |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                | ☐ Acidize                                                                                                                                                                                                                                | □ Deep                                                                                                              | □ Deepen                                                                                                                           |                                                                                                          | ☐ Production (Start/Resume)                                                         |                                               | Water Shut-Off                                   |  |
| ☐ Alter Casing                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          | ☐ Hydr                                                                                                              | ☐ Hydraulic Fracturing                                                                                                             |                                                                                                          | □ Reclamation                                                                       |                                               | Well Integrity                                   |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                 | Casing Repair Ne                                                                                                                                                                                                                         |                                                                                                                     | v Construction                                                                                                                     |                                                                                                          |                                                                                     |                                               | Other                                            |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                        | □ Change Plans                                                                                                                                                                                                                           | □ Plug and Abandon                                                                                                  |                                                                                                                                    | ☐ Tempora                                                                                                | ☐ Temporarily Abandon                                                               |                                               | illing Operations                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Convert to Injection                                                                                                                                                                                                                   | Plug                                                                                                                | □ Plug Back                                                                                                                        |                                                                                                          | ☐ Water Disposal                                                                    |                                               |                                                  |  |
| If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi Spud 14-3/4" hole 11/19/18, d 20BFW spacer then cmt w/ 75 to surface, WOC. 11/21/18 RI 14.8ppg 1.36 yield, no cmt to sw/additives 14.8ppg 1.36 yield left detailed message. 11/21/ | k will be performed or provide operations. If the operation re andonment Notices must be fil nal inspection.  rill to 733' 11/20/18. RIH OSX (183bbl) Class C w/H W/1? tbg perform cmt surf, WOC. Perform 2nd , circ 50sx (12bbl) cmt to | the Bond No. on sults in a multiple ed only after all r  & set 10-3/4" additives 14.8 top job w/ 215 cmt top job w/ | file with BLM/Bl.<br>completion or recequirements, inclu-<br>45.5# J-55 csg<br>ppg 1.36 yield,<br>sx (52bbl) Clas<br>135sx (33bbl) | A. Required sub<br>ompletion in a rading reclamation  @ 723', purn<br>no returns or<br>as C w/ additinal | psequent reports m<br>new interval, a For<br>n, have been comp<br>np<br>comt<br>ves | ust be filed v<br>m 3160-4 m<br>leted and the | within 30 days ust be filed once to operator has |  |
| Accepted For Record                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          |                                                                                     |                                               | 2 2018                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                          | 7.00                                                                                                                | NMO                                                                                                                                | CD M                                                                                                     | ra<br>5.18.18                                                                       | RECE                                          | IVED                                             |  |
| 14. I hereby certify that the foregoing is  Com Name (Printed/Typed) DAVID ST                                                                                                                                                                                                                                                                                                     | # Electronic Submission<br>For OXY USA<br>Imitted to AFMSS for proc                                                                                                                                                                      | NCORPOR41                                                                                                           | TED, sent to the<br>CILLA PEREZ of                                                                                                 | Carlsbad                                                                                                 | (19PP0503SE)                                                                        |                                               |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                    |                                                                                                          |                                                                                     |                                               |                                                  |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                           | submission)                                                                                                                                                                                                                              |                                                                                                                     | Date11/30/2                                                                                                                        |                                                                                                          |                                                                                     |                                               | <u> </u>                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                   | THIS SPACE FO                                                                                                                                                                                                                            | OR FEDERA                                                                                                           | l okstate                                                                                                                          | DEFICE U                                                                                                 | <b>発上しい</b> ドリ                                                                      |                                               |                                                  |  |
| Approved By                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |                                                                                                                     | Title                                                                                                                              | EC                                                                                                       | 18                                                                                  |                                               | 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                                                                                                                             | SELAND MA                                                                                                | /s/ Jonathon Shepard                                                                |                                               |                                                  |  |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s                                                                                                                                                                                                                                                                                            | U.S.C. Section 1212, make it a tatements or representations as                                                                                                                                                                           | crime for any per<br>to any matter wi                                                                               | son knowinglyjan<br>hin-its-jurisdiction                                                                                           |                                                                                                          |                                                                                     | ent or agenc                                  | y of the United                                  |  |