Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or re-enter an

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMLC050797	
6. If Indian, Allottee or Tribe Name	

abandoned we	Well				·
SUBMIT IN	SUBMIT IN TRIPLICATE - Other instructions on page 2 Type of Well Oil Well Gas Well Other Name of Operator OXY USA WTP LP E-Mail: LESLIE_REEVES@OXY.COM Address Address HOUSTON, TX 77210 Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T20S R28E NENE 450FNL 420FEL 32.579641 N Lat, 104.140281 W Lon 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE TYPE OF SUBMISSION TYPE Notice of Intent Acidize Acidize Boxics Gasing Repair Acidix Gasing Repair Acidize Boxics Gasing				ement, Name and/or No.
Type of Well	ner	·		8. Well Name and No. CHARLIE CHOCO	DLATE 14-15 FEDCOM 31
Name of Operator OXY USA WTP LP				9. API Well No. 30-015-43123-0	00-X1
3a. Address HOUSTON, TX 77210		3b. Phone No. (include area code) Ph: 713-497-2492		10. Field and Pool or RUSSELL	Exploratory Area
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)	•	, ,,	11. County or Parish,	State
				EDDY COUNTY	/, NM
12. CHECK THE AI	PPROPRIATE BOX(ES) T	O INDICATE NATURE OI	F NOTICE,	REPORT, OR OTH	HER DATA
TYPE OF SUBMISSION		TYPE OF	ACTION		
Notice of Intent	-	☐ Deepen ☐ Hydraulic Fracturing	☐ Producti	ion (Start/Resume)	☐ Water Shut-Off ☐ Well Integrity
☐ Subsequent Report	Casing Repair	☐ New Construction	☐ Recomp	lete	Other
☐ Final Abandonment Notice	☐ Change Plans	·		arily Abandon	Change to Original A
-	Convert to Injection	☐ Plug Back	☐ Water D	•	PD
13. Describe Proposed or Completed Op If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Al determined that the site is ready for f	ally or recomplete horizontally, girk will be performed or provide the operations. If the operation result operation results and onment Notices must be filed inal inspection.	ive subsurface locations and measure Bond No. on file with BLM/BIA lts in a multiple completion or recolonly after all requirements, included	red and true ve Required sub impletion in a r ing reclamation	rtical depths of all pertir sequent reports must be new interval, a Form 316 n, have been completed a	nent markers and zones. filed within 30 days 0-4 must be filed once

RECEIVED

Intermediate casing changes are attached for reference.

Carlsbad Field Office OCD Artesia

JUL 2 3 2019

14. I hereby certify that the	Electronic Submission #470209 verifie For OXY USA WTP LP Committed to AFMSS for processing by PRI	, sént t	o the Carlsbad	
Name (Printed/Typed)	LESLIE T. REEVES	Title	REGULATORY ADVISOR	
Signature	(Electronic Submission)	Date	06/24/2019	
	THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE	
Approved By NDUNG	J <u>K</u> AMAU	Title	PETROLEUM ENGINEER	Date 07/08/2019
certify that the applicant hol	ry, are attached. Approval of this notice does not warrant or ds legal or equitable title to those rights in the subject lease licant to conduct operations thereon.	Office	Carlsbad	
	and Title 43 U.S.C. Section 1212, make it a crime for any per			cy of the United

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

Rul 10-25-19

Revisions to Operator-Submitted EC Data for Sundry Notice #470209

Operator Submitted

BLM Revised (AFMSS)

Sundry Type:

APDCH NOI

Lease:

NMLC050797

APDCH NOI

NMLC050797

Agreement:

Operator:

OXY USA INC. P.O. BOX 4294 HOUSTON, TX 77210 Ph: 713-497-2492

OXY USA WTP LP

HOUSTON, TX 77210 Ph: 713.366.5360

Admin Contact:

LESLIE T. REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824

Ph: 713-497-2492

LESLIE T. REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824

Ph: 713-497-2492

Tech Contact:

LESLIE T. REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492

LESLIE T. REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492

Location:

State: County: NM EDDY

NM EDDY

Field/Pool:

RUSSELL; BONE SPRING

RUSSELL

Well/Facility:

CHARLIE CHOCOLATE 14-15 FEDERA 31H Sec 14 T20S R28E NENE 450FNL 420FEL 32.579754 N Lat, 104.140849 W Lon

CHARLIE CHOCOLATE 14-15 FEDCOM 31H Sec 14 T20S R28E NENE 450FNL 420FEL 32.579641 N Lat, 104.140281 W Lon

1. Casing Program

This is request to change the 9.625" Intermediate Casing from 43.5 lb/ft L-80 BTC to 36 lb/ft J-55 BTC.

							•		Buoyant	Buoyant	
Hóle Size	Casing Interval		ze Casing Interval Esg. Size		Weight Grade Conn.			SF	SF SF	Bodý * SF =	Joint (SF
(in)	1 The Control of the	To (ft)	(in)	(Ìbs)	Grade	Conn.	Collapse	Burst	Tension	=Tension,	
17.5	0	400	13.375	54.5	J-55	BTC	1.125	1.2	1.4	1.4	
12.25	0	3,050	9.625	36	J-55	BTC	1.125	1.2	1.4	1.4	
8.5	0	2,950	7.625	26.4	L-80 HC	SF	1.125	1.2	1.4	1.4	
6.3	2,950	6,950	7.625	26.4	L-80 HC	FJ	1.125	1.2	1.4	1.4	
6.75	0	19,165	5.5	20	P-110	DQX	1.125	1.2	1.4	1.4	