UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FURM APPROV	Ľ
OMB NO. 1004-0	013
Expires: July 31,	201
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6. If Indian, Allottee or Tribe Name

5. Lease Serial No. NMNM86149

1. Type of Well		7 1611 01/4	. NI 1/							
Soli Well Gas Well Other Contact: JANA MENDIOLA S-Mail: janalyn_mendiola@oxy.com S-API Well No. 30-025-41127 3	SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agre	eement, Name and/	or No.		
2. Name of Operator OXY USA INC. Contact: JANA MENDIOLA Society Soci										
A Location of Well (Footage, Sec., T. R., M., or Survey Description) Sec 26 T22S R32E NENW 350FNL 2195FWL 32.368916 N Lat, 103.646405 W Lon 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent	2. Name of Operator Contact: .IANA MENDIOLA					9. API Well No.				
4. Location of Well (Footage, Sec., T. R., M., or Survey Description) Sec 26 T22S R32E NENW 350FNL 2195FWL 32.368916 N Lat, 103.646405 W Lon 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent	3a. Address 3b. Phor P.O. BOX 50250 Ph: 43 MIDI AND TX 79710 Fy. 432			lo. (include area code) 685-5936 HOBBS OCD		10. Field and Pool, or Exploratory RED TANK BONE SPRING				
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent				MAR 1 7 2015		11. County or Parish, and State				
TYPE OF SUBMISSION Acidize						LEA COUNTY, NM				
Notice of Intent Acidize □ Deepen □ Production (Start/Resume) □ Water Shut-Off □ Alter Casing □ Recaing Reclamation □ Well Integrity □ Casing Repair □ New Construction □ Recomplete □ Change Plans □ Plug and Abandon □ Temporarily Abandon □ Convert to Injection □ Plug Back □ 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 recomplete 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 BIMBIA. Required subsequent reports shall 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 shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.) RU CTU 11/08/14, RIH, drill out DVT, clean out to PBTD @ 14399, RIH w/ CBL. Pressure test csg to 6000# for 30 min, good test. 11/19/14 RIH w/ casing patch & install over ECP @ 4869-4887', pressure tested csg from 0-6800# held for 5 min, 6800-9000# for 5 min, 9800-9850# for 15 min, tested good. 12/8/14, RIH & perf @ 14344-14124, 13858-13682, 13572-13352, 13242-13022, 12922-129022, 12582-123022, 11922-11702, 11592-11372, 11522-11042, 10932-10712, 10602-10382, 10272-10052' in 13 stages w/ 332993g Treated Water + 39000g 15% HCl acid + 794972g 15# BXL + 1383057g 18# BXL + 6862046g 20# BXL w/ 4378606# sand, RD Nabors. RIH & clean out well, tag up @ PBTD @ 14399', POOH, RD 1/16/15. Flow to clean up and test well for potential.										
Alter Casing Fracture Treat Reclamation Well Integrity Subsequent Report Casing Repair New Construction Recomplete Other	TYPE OF SUBMISSION									
Subsequent Report Casing Repair New Construction Recomplete Other	□ Notice of Intent	☐ Acidize ☐ Deepen		pen	☐ Produc	☐ Production (Start/Resume)		i-Off		
Graing Repair Graing Repai	1 Notice of Michi	☐ Alter Casing	☐ Frac	ture Treat	☐ Reclan	nation	☐ Well Integrity			
Grange Plans	Subsequent Report ■	Casing Repair	□ New	Construction	☐ Recom	nlete	Other	•		
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Committed to AFMSS for processing by LINDA JIMENEZ on 03/12/2015 0) - () - () / - () /										
Name(Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR	Name(Frinted Typed) DAVID ST	EWARI		TILLE SH. R	EGULATOR'	ADVISOR	1	+		
Signature (Electronic Submission) Date 02/26/20 5 MAR 1 3 2015	Signature (Electronic S		Date 02/26/	/2015	MAR1_320	115				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE										
Approved By Title BUREAU OF LAND MANAGE MEAT CARLSBAD FIELD OFFICE			Title				,			
Conditions of approval, if any, are attached. Approval of this notice does not warrant or ertify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	ertify that the applicant holds legal or equitable title to those rights in the subject lease									
Fitle 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.	itle 18 U.S.C. Section 1001 and Title 43 t States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a c tatements or representations as	crime for any pe to any matter wi	rson knowingly ar thin its jurisdictio	nd willfully to m n.	ake to any department or	agency of the Unit	ed		