

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM048343
2. Name of Operator OXY USA WTP LIMITED PARTNERSHIP		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 4294 HOUSTON, TX 77210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 713-513-6640		8. Well Name and No. PIGLET 21 FEDERAL 9
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 21 T17S R28E NENW 488FNL 1574FWL		9. API Well No. 30-015-40709
		10. Field and Pool, or Exploratory ARTESIA; GLORIETA-YESO
		11. County or Parish, and State EDDY COUNTY, NM

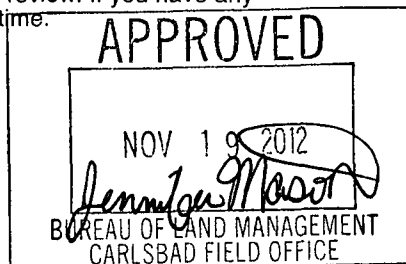
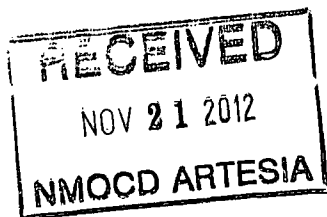
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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	Change to Original APD
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices 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.)

OXY USA WTP LIMITED PARTNERSHIP respectfully request permission to make a change to the cementing plans on the original APD. Please see the attached documentation for your review. If you have any questions or need further information, please feel free to contact us at any time.

Accepted for record
NMOCD 105
11/26/2012



14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #159788 verified by the BLM Well Information System For OXY USA WTP LIMITED PARTNERSHIP, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 11/09/2012 ()	
Name (Printed/Typed) JENNIFER A DUARTE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/08/2012

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

OXY USA Inc
Piglet 21 Federal 9
Sundry Information

OPERATOR NAME / NUMBER: OXY USA WTP LP

LEASE NAME / NUMBER: Piglet 21 Federal 9

STATE: NM **COUNTY:** Eddy

SURFACE LOCATION: 488' FNL & 1574' FWL, Sec 21, T17S, R28E

C-102 PLAT APPROX GR ELEV: 3595'

EST KB ELEV: 3609' (14' KB)

1. SUMMARY OF CHANGES:

- a. Based on historic wells drilled in this area, the surface and production cement volumes have been adjusted. This will allow us to cut down on the excess cement having to be hauled off and exposed of.
- b. We will only run the 100 sks of lead thixotropic cement if losses occur while drilling the surface section.
- c. If a caliper log is run, cement volumes will be adjusted to caliper volume + 35% excess for the production hole.
- d. The corrected choke manifold and bop schematic can be found below. Oxy requests a variance to use the corrected choke manifold and bop.

2. CEMENT PROGRAM CHANGE:

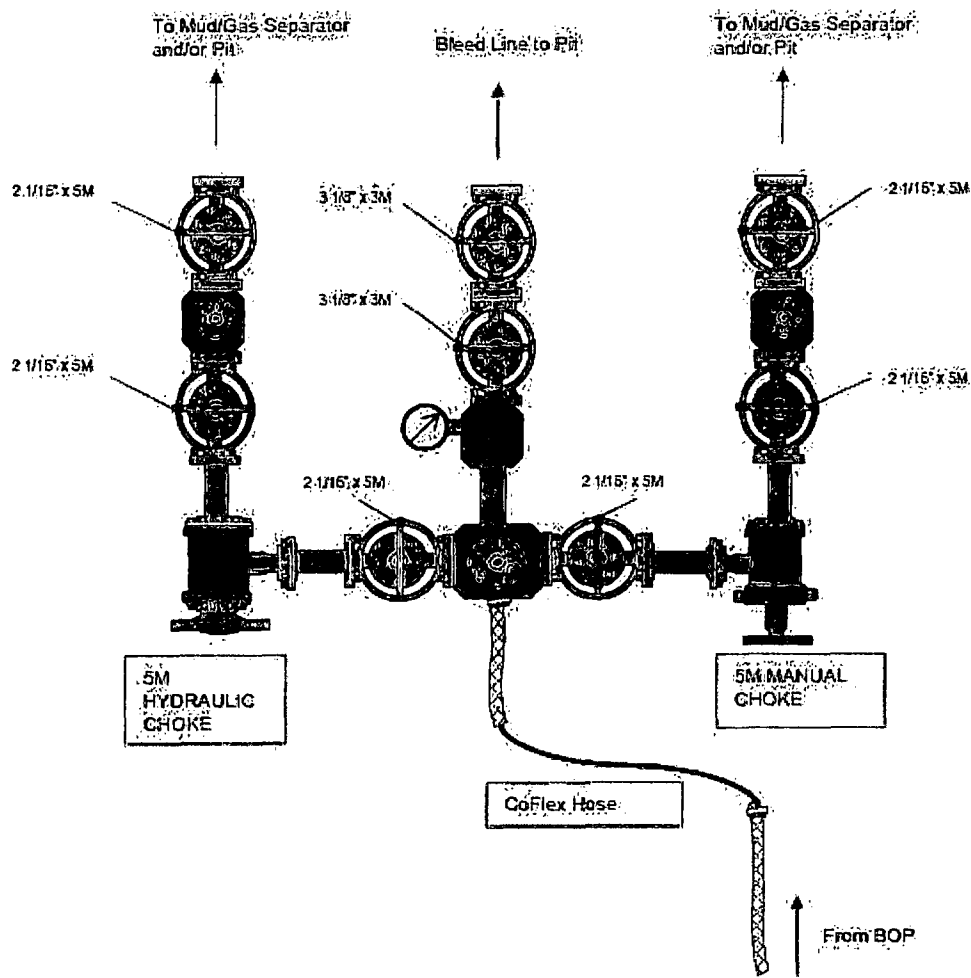
Surface Interval

Interval	Amount sx	Ft of Fill	Type	Gal/Sk	PPG	Ft ³ /sk	24 Hr Comp
Surface (TOC: 0' – 400')							
Lead: 0' – 450' (165% Excess)	100	0' (Contingency Slurry if losses are present)	Premium Plus Cement: 10 lbm/sk Cal-Seal 60, 0.125 lbm/sk Poly-E-Flake, 10 lbm/sk Kol-Seal, 1 % Calcium Chloride - Flake	7.46	14.2	1.67	1290 psi
Tail: 0' – 450' (165% Excess)	300	450'	Premium Plus Cement: 1 % Calcium Chloride - Flake	6.36	14.8	1.34	1608 psi

Production Interval

Interval	Amount sx	Ft of Fill	Type	Gal/Sk	PPG	Ft ³ /sk	24 Hr Comp
Production (TOC: 0' - 5300')							
Lead: 0' – 3000' (120 % Excess)	600	3000'	Halliburton Light Premium Plus: 5% Salt, 3 lbm/sk Kol-Seal, 0.125 lb/sx Poly-E-Flake, 0.35% HR-800	9.69	12.9	1.87	660 psi
Tail: 3000' – 5300' (120 % Excess)	575	2300'	Premium Plus Cement: 0.5% Halad ®-344, 0.2% WellLife 734, 5 lbm/sk Microbond, 0.3% Econolite, 0.3% CFR-3	7.72	14.2	1.55	1914 psi

3M CHOKE MANIFOLD CONFIGURATION



BOP Diagram

