

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

QCD OBSERVATION
NM OIL & GAS RESERVE
ARTESIA DISTRICT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS FEB 23 2015
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

RECEIVED

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	8. Well Name and No. CEDAR CANYON 15 FEDERAL COM 5H
2. Name of Operator OXY USA INCORPORATED Contact: JANA LYN MENDIOLA E-Mail: janalyn_mendiola@oxy.com	9. API Well No. 30-015-42421-00-X1
3a. Address 5 GREENWAY PLAZA STE 110 HOUSTON, TX 77046-0521	10. Field and Pool, or Exploratory PIERCE CROSSING
3b. Phone No. (include area code) Ph: 432-685-5936 Fx: 432-685-5742	11. County or Parish, and State EDDY COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 15 T24S R29E NWNW 1095FNL 290FWL 32.221751 N Lat, 103.979488 W Lon	

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 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 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 recompletion 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.)

RUPU 11/6/14, RIH w/ CBL. TIH and clean out to PBTD @ 13421'. Pressure test csg to 8500# for 30 min, good test. 11/27/14, RU & frac the opti-port sleeves @ 13316, 13187, 13080, 12975, 12868, 12762, 12655, 12548, 12441, 12334, 12227, 12121, 12016, 11909, 11802, 11695, 11588, 11482, 11375, 11268, 11161, 11055, 10948, 10841, 10734, 10628, 10522, 10415, 10308, 10201, 10095, 9989, 9882, 9776, 9670, 9563' in 36 stages w/ 137160g Treated Water + 15120g 15% HCl acid + 3138504g 18# BXL w/ 3610643# sand, RD 12/3/14. 12/6/14, clean out well, RIH with 2-7/8" tbg & pkr set @ 7948', RIH w/ gas lift, RD 12/10/14. Pump to clean up and test well for potential.

RWD 3/24/15
Accepted for record
RECORDED

14. I hereby certify that the foregoing is true and correct.		ACCEPTED FOR RECORD FEB 19 2015 <i>Deborah Ham</i> BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Electronic Submission #288502 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 02/19/2015 (15D/M/03946)		
Name (Printed/Typed) DAVID STEWART	Title REGULATORY ADVISOR	
Signature (Electronic Submission)	Date 01/19/2015	
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.