

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.*

5. Lease Serial No.  
NMLC048479A

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

7. If Unit or CA/Agreement, Name and/or No.  
NMNM128925X

8. Well Name and No.  
ARTESIA YESO FEDERAL UNIT 28

9. API Well No.  
30-015-41397

10. Field and Pool, or Exploratory  
ARTESIA GLORIETA YESO

11. County or Parish, and State  
EDDY COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
OXY USA WTP LP  
Contact: DAVID STEWART  
E-Mail: david\_stewart@oxy.com

3a. Address  
P.O. BOX 50250  
MIDLAND, TX 79710

3b. Phone No. (include area code)  
Ph: 432-685-5717  
Fx: 432-685-5742

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 20 T17S R28E SENW 2239FNL 2220FWL  
32.820664 N Lat, 104.198583 W Lon

**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	
	<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.)

OXY USA WTP LP respectfully request a <sup>one</sup> ~~two~~ year extension on this APD, it was approved 5/13/13.

APPROVED FOR 12 MONTH PERIOD

*DD 6/3/2015*  
Accepted for record  
NMOC D

ENDING 5-13-2016

Accepted for record  
NMOC D

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

JUN 1 2015

RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #298007 verified by the BLM Well Information System  
For OXY USA WTP LP sent to the Carlsbad

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date / 04/13/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By *J. D. Whitlock*

Title *EIS*

Date *5/28/15*

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 *CO*

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 \*\***