

UNITED STATES  
DEPARTMENT OF THE INTERIOR **OCD Artesia**  
BUREAU OF LAND MANAGEMENT

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	8. Well Name and No. CYPRESS 28 FEDERAL 6H
2. Name of Operator OXY USA INC. Contact: DAVID STEWART E-Mail: david_stewart@oxy.com	9. API Well No. 30-015-41138
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	10. Field and Pool, or Exploratory HARROUN RANCH DELAWARE, NE
3b. Phone No. (include area code) Ph: 432-685-5717 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 28 T23S R29E SESW 330FSL 2000FWL 32.269380 N Lat, 103.992520 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"/> 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 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 Inc. respectfully requests to remove the DV tool from the production casing string and will increase the lead cement excess to 200%. Offset wells do not indicate any losses so we don't foresee having losses on this well while drilling.

Production - Circulate Cement w/ 680sx Tuned Light (TM) system cmt w/ 3#/sx Kol-Seal + .125#/sx Poly-E-Flake + .8% HR-601, 10.1ppg (Downhole 10.2ppg) 3.2 yield 555# 24hr CS 200% Excess followed by 820sx PP H cmt w/ 3#/sx salt + .3% CFR-3 + .5% Halad-344 + .4% HR-800 + 2#/sx Kol-Seal, 13.2ppg 1.63 yield 1162# 24hr CS 40% Excess.

Description of Cement Additives: Salt (Accelerator); CFR-3 (Dispersant); Kol-Seal, Poly-E-Flake (Lost Circulation Additive); Halad-344 (Low Fluid Loss Control); HR-601, HR-800 (Retarder)

Accepted for record  
OCD NM/OCD 6/30/15

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

JUN 29 2015

RECEIVED

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #287390 verified by the BLM Well Information System</b> <b>For OXY USA INC., sent to the Carlsbad</b> <b>Committed to AFMSS for processing by DEBORAH HAM on 06/12/2015</b>	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 01/08/2015

**ACCEPTED FOR RECORD**  
JUN 22 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

Approved By _____	Title _____
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 \*\***

**Additional data for EC transaction #287390 that would not fit on the form**

**32. Additional remarks, continued**

The above cement volumes could be revised pending the caliper measurement.