UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

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

Expires: July 31
5. Lease Serial No.
NMLC049945C

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

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					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. NMNM114184	
1. Type of Well					8. Well Name and No.	
☐ Oil Well Gas Well Other					PARROT FEDERA	AL COM 1
2. Name of Operator Contact: JENNIFER A DUARTE YATES DRILLING COMPANY E-Mail: jennifer_duarte@oxy.com					9. API Well No. 30-015-33233-00-S1	
3a. Address 105 SOUTH FOURTH STREE ARTESIA, NM 88210	(include area code 3-6640	e)	10. Field and Pool, or Exploratory WILDCAT			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 29 T19S R27E NENE 1250FNL 660FEL					EDDY COUNTY, NM	
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF	NOTICE, RI	EPORT, OR OTHER	RDATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent ■	☐ Acidize	□ Deep	□ Deepen		ion (Start/Resume)	☐ Water Shut-Off
	☐ Alter Casing	☐ Fract	cture Treat		ation	■ Well Integrity
☐ Subsequent Report	☐ Casing Repair	、 □ New	Construction	□ Recomplete		Other
☐ Final Abandonment Notice	☐ Change Plans	🗖 Plug	□ Plug and Abandon		arily Abandon	Successor of Operato
	☐ Convert to Injection ☐		Plug Back		Disposal	
As required by 43 CFR 3100.0 on the above referenced well applicable terms, conditions, lease or portion of lease desc. (43 CFR 3104): Nationwide C	effective _10/22/2010 C stipulations and restrictions ribed. OXY USA Inc. meet	XY USA Inc concerning s Federal Bo	. as the new or operations con	perator accept ducted on the	ets all	
					NM OIL CONSERVATION ARTESIA DISTRICT	
					NOV 09 2	015
Accepted for record						
NMOCD , ,					RECEIVE	D
14. I hereby certify that the foregoing is		LLING COMP	ANY, sent to the	ne Carlsbad	•	
Name (Printed/Typed) JENNIFE	Title REGULATORY SPECIALIST					
Signature (Electronic			Date 08/11/2			
	THIS SPACE FO	R FEDERA ∕────	L OR STATE	OFFICE U	SE	
Approved By All	104 Stegnet	, 	Title Ser	uin]	PAT	Date 11/2/15
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to condu	Office Cardshad Field Office					
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a c	rime for any pe	son knowingly an	d willfully to ma	ake to any department or	agency of the United