

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NMOCD**  
**Artesia**

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.  
NMNM89819

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
PALLADIUM MDP1 7-6 FEDERAL 4H

9. API Well No.  
30-015-44295

10. Field and Pool or Exploratory Area  
COTTON DRAW; BONE SPRING

11. County or Parish, State  
EDDY COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
OXY USA INC. Contact: SARAH MITCHELL  
E-Mail: sarah\_mitchell@oxy.com

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

3b. Phone No. (include area code)  
Ph: 432-699-4318

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 18 T24S R31E Mer NMP NENW 169FNL 2285FWL  
32.224128 N Lat, 103.818277 W Lon

12. CHECK THE 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"/> Hydraulic Fracturing	<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 recomplate 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

9/30/17 NU BOP, test @ 250 psi low 5000 psi high. RIH & tag cmt @ 4299', drill new formation to 4368' perform FIT test to EMW= 10.4 PPG. Drill 8-1/2" hole to 20283'M, 10033'V (10/14/17). RIH & set 5-1/2" 20# DQX csg @ 20273'. Pump 5 BBLs FW spacer then cmt w/ 306 sxs (72 BBLs) PPC w/ additives, 13.2 PPG, 1.38 yield followed by 2226 sxs (521 BBLs) PPC w/ additives, 13.2 PPG, 1.38 yield. TOC ~6451. For second stage, performed Bradenhead squeeze from surface w/ 382 sxs (86 BBLs) PPC w/ additives, 14.8#, 1.33 yield followed by 1044 sxs (294 BBLs) PPC w/ additives, 13.5 PPG, 1.66 yield. Ran Echo meter, TOC= 1678'. ND BOP, NU cap flange.

*Accepted for record - NMOCD* 12-5-17

**NM OIL CONSERVATION**  
ARTESIA DISTRICT  
DEC 05 2017  
RECEIVED

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

Electronic Submission #395115 verified by the BLM Well Information System  
For OXY USA INC., sent to the Carlsbad  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/21/2017 ( )

Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR

Signature (Electronic Submission) Date 11/15/2017

**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 BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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.

(Instructions on page 2)

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