

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Carlsbad Field Office
OC D Artesia

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

Serial No.
NWNM45236

SUBMIT IN TRIPLICATE - Other instructions on page 2		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator OXY USA INCORPORATED	8. Well Name and No. STERLING SILVER MDP1 33-4 FD C 177H
3a. Address 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521	Contact: SARAH CHAPMAN E-Mail: SARAH_CHAPMAN@OXY.COM	9. API Well No. 30-015-46047-00-X1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T23S R31E NENW 69FNL 2504FWL 32.267994 N Lat, 103.783188 W Lon	3b. Phone No. (include area code) Ph: 713-350-4997	10. Field and Pool or Exploratory Area PURPLE SAGE-WOLFCAMP (GAS)
		11. County or Parish, State EDDY COUNTY, NM

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 Workover 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 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.

RUPU 10/10/19, RIH & clean out to PBD @ 22059', pressure test csg to 9800# for 30 minutes, good test. RIH & perf from 21980-21759, 21739-21518, 21498-21277, 21257-21036, 21016-20795, 20775-20554, 20534-20333, 20314-20072, 20052-19831, 19811-19590, 19570-19349, 19329-19108, 19088-18867, 18847-18626, 18606-18385, 18365-18144, 18124-17903, 17883-17662, 17642-17421, 17401-17180, 17160-16939, 16919-16698, 16678-16457, 16437-16216, 16196-15975, 15955-15734, 15714-15493, 15473-15252, 15232-15011, 14991-14770, 14750-14529, 14509-14288, 14268-14047, 14027-13806, 13786-13565, 13545-13324, 13304-13083, 13063-12842, 12822-12601, 12581-12360, 12340-12119, 12099-11878. Frac in 42 stages w/ 20507550gal slickwater and 21191785# sand. RD 10/15/19, pump to clean out and turn well over to production.

RECEIVED

NOV 04 2019

GC 11/7/19
Accepted for record - NMOCD

DISTRICT//ARTESIA/O.C.D

VAB

14. I hereby certify that the foregoing is true and correct. Electronic Submission #488191 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 10/16/2019 (20PP0131SE)	
Name (Printed/Typed) SARAH CHAPMAN	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 10/15/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title Accepted for Record	Date OCT 16 2019
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 Jonathon Shepard 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)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****