

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB NO 1004-0135
Expires: November 30, 2000

OCT 07 2008

SUNDRY NOTICES AND REPORTS ON WELLS

OCD-ARTESIA

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

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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		5. Lease Serial No. NM105557
2. Name of Operator OXY USA Inc. 16696		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 50250, Midland, TX 79710-0250	3b. Phone No (include area code) 432-685-5717	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) S - 2460 FSL 1330 FWL NESW(K) Sec 27 T23S R29E BH - 1980 FSL 330 FEL NESE(I) Sec 27 T23S R27E 29		8. Well Name and No Goodnight 27 #2H Federal
		9. API Well No 30-015-36137
		10. Field and Pool, or Exploratory Area Laguna Bone Spring, South
		11. County or Parish, State Eddy NM

12. CHECK 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"/> 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 Remedial
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Cement
	<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 recompleat 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 recompleat 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 final site is ready for final inspection.)

ACCEPTED FOR RECORD

1. After frac and flowback, MIRU PU.
2. Kill well with 10# brine.
3. RIH with workstring and land CIBP at +/-7000'.
4. Pressure test csg and plug to 3000psi.
5. Perforate 5-1/2" csg at 420'(TOC). 4 spf, 90 phase. Ensure that the charges do NOT penetrate 9 5/8" csg
6. RIH and land CIBP at 300'.
7. Circulate 100sxs C1 C cmt w/2% CC(44 sxs nominal required) to 9 5/8"X 5-1/2" annulus. When good cmt is circulated to surface, shut-in 9 5/8"X 5-1/2" annulus, displace with 2% KCl and squeeze remainder of cmt to maximum 2500psi. Hold 2500psi on the tbg X 5-1/2" csg annulus.
8. RIH with drill bit and collars. Drill out CIBP @ 300' and cmt. Do NOT drill out CIBP @ 7000'.
9. Pressure test casing (and cement job) to 2500 psi.
10. Drill out CIBP @ 7000'. Chase junk to the toe of the horizontal section. POOH.
11. Continue with initial completion program.

OCT 8 2008

Gerry Guye, Deputy Field Inspector

NMOC District ARTESIA

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) David Stewart		Title Sr. Regulatory Analyst	APPROVED
Date 10/1/08		Date 10/1/08	
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	JAMES A. AMOS SUPERVISOR-EPS