SUBMIT IN TRIPLICATE - Other in the constant of the stand of the Celf Unit or CA/Agreement, Name and/or No.				
1. Type of Well		OCD Hot	8. Well Name and No MESA VERDE B).
2. Name of Operator OXY USA INCORPORATED	Contact:	SARAH CHAPMAN HAPMAN@OXY.COM	9. API Well No. 30-025-44186-	00-X1
3a. Address P O BOX 4294 HOUSTON, TX 77210-4294	· · · · · · · · · · · · · · · · · · ·	3b. Phone No. (include HOB Ph: 713-350-4997 HOB	BS OCD Field and Pool or MESA VERDE	Exploratory Area
4. Location of Well (Footage, Sec., 7	., R., M., or Survey Description	JUL	1 9 2018 11. County or Parish	, State
Sec 18 T24S R32E SESW 280FSL 2563FWL 32.210911 N Lat, 103.714691 W Lon				
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICATE NATURE O	F NOTICE, REPORT, OR OT	HER DATA
TYPE OF SUBMISSION	TYPE OF ACTION			
 Notice of Intent Subsequent Report 	 Acidize Alter Casing Casing Repair 	 Deepen Hydraulic Fracturing New Construction 	 Production (Start/Resume) Reclamation Recomplete 	 Water Shut-Off Well Integrity Other
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Temporarily Abandon Water Disposal	Drilling Operations
Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f 6/9/18 RU BOP, test @ 250# good test. Drill new formation	eration: Clearly state all pertine ally or recomplete horizontally, rk will be performed or provide loperations. If the operation re bandonment Notices must be fil inal inspection. low 5000# high, good tes to 935', perform FIT test	ent details, including estimated startin, give subsurface locations and measu the Bond No. on file with BLM/BIA sults in a multiple completion or reco led only after all requirements, includ t. Test 10-3/4" csg to 1500# fo to EMW=13.5ppg 265psi. Drill	red and true vertical depths of all perti Required subsequent reports must b impletion in a new interval, a Form 31 ing reclamation, have been completed or 30 minutes, 9-7/8" hole	nent markers and zones. e filed within 30 days 60-4 must be filed once
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Revisions to Operator-Submitted EC Data for Sundry Notice #425315

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DRG SR	DRG SR
Lease:	NMNM66925	NMNM66925
Agreement:	NMNM137096X	NMNM137096X (NMNM137096X)
Operator:	OXY USA INC. P.O. BOX 50250 MIDLAND, TX 79710 Ph: 432-699-4318	OXY USA INCORPORATED P O BOX 4294 HOUSTON, TX 77210-4294 Ph: 713.366.5303
Admin Contact:	SARAH CHAPMAN REGULATORY SPECIALIST E-Mail: SARAH_CHAPMAN@OXY.COM Cell: 281-642-5503 Ph: 713-350-4997	SARAH CHAPMAN REGULATORY SPECIALIST E-Mail: SARAH_CHAPMAN@OXY.COM Cell: 281-642-5503 Ph: 713-350-4997
Tech Contact:	DAVID STEWART SR. REGULATORY ADVISOR E-Mail: david_stewart@oxy.com Ph: 432-685-5717	DAVID STEWART SR. REGULATORY ADVISOR E-Mail: david_stewart@oxy.com Cell: 432-634-5688 Ph: 432-685-5717
Location: State: County:	NM LEA	NM LEA
Field/Pool:	MESA VERDE BONE SPRING	MESAVERDE
Well/Facility:	MESA VERDE BS UNIT 12H Sec 18 T24S R32E Mer NMP SESW 280FSL 2563FWL 32.210812 N Lat, 103.714693 W Lon	MESA VERDE BS UNIT 12 Sec 18 T24S R32E SESW 280FSL 2563FWL 32.210911 N Lat, 103.714691 W Lon