

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD-ARTESIA

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

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.
S-NMNM0417696 BH-NMNM0417506

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.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Lost Tank 10 #1
Federal

2. Name of Operator
OXY USA Inc. 16696

9. API Well No.
30-015-37959

3a. Address P.O. Box 50250, Midland, TX 79710-0250
3b. Phone No (include area code) 432-685-5717

10. Field and Pool, or Exploratory Area
Lost Tank Delaware, West

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SL - 400 FSL 250 FEL SESE(P) Sec 3 T22S R31E
TL - 741 FNL 1021 FEL NENE(A) Sec 10 T22S R31E

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 <u>Completion</u>
	<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 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.)

RUPU 2/23/11, Drill out DV Tools and clean out to PBTD @ 8406', RDPU 2/28/11. RUPU 4/20/11, Perf 1 SPF 8342-8130, 8104-7920, 7855-7580, 7458-7390, 7266-7170, 7128-7060, 6944-6640, 6530-6526' Total 100 holes. Frac w/ 34568g Treated Water followed by 5025g 7-1/2% NeFe HCl acid followed by 23286g Water Frac GR-21 followed by 125857g Delta Frac 200 R-16 w/ 238127# sand, RD Halliburton. Swab and flow back to clean up well. RIH w/ 2-7/8" tbg and rod pump. Put well on pump 5/7/11 and test well for potential. Shut-in well pending C-104 approval.

Accepted for record - NMOCD
DJD 8-17-11

RECEIVED
AUG 4 2011
NMOCD ARTESIA

ACCEPTED FOR RECORD
JUL 23 2011
J. [Signature]
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14 I hereby certify that the foregoing is true and correct
Name (Printed/Typed)
David Stewart

Title
Regulatory Advisor

Date 6/2/11

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	