Form 3160-5 (June 2015)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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. NMLC050797 6. If Indian, Allottee or Tribe Name

| SUBMIT IN TRIPLICATE - Other instructions on page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                          | 7. If Unit or CA/Agree                                                                      | ement, Name and/or No.                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                          | 8. Well Name and No.<br>CHARLIE CHOCOLATE 14-15 FEDCOM 311                                  |                                                               |
| <ol><li>Name of Operator<br/>OXY USA WTP LP</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EW                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                              | 9. API Well No.<br>30-015-43123-00-X1                                                                                                                                                            |                                                                                                                          |                                                                                             |                                                               |
| 3a. Address 3b. Phone No Ph: 713-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | . (include area code)<br>5-7827                                                                                                                                                                  |                                                                                                                          |                                                                                             |                                                               |
| HOUSTON, TX 77210  4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                               | 11. County or Parish, State                                                                                                                                  |                                                                                                                                                                                                  |                                                                                                                          |                                                                                             |                                                               |
| Sec 14 T20S R28E NENE 450<br>32.579641 N Lat, 104.140281                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | EDDY COUNTY, NM                                                                                                                                                                                  |                                                                                                                          |                                                                                             |                                                               |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPROPRIATE BOX(ES)                                                                                                                                                                                                                                                                                                                            | ΓΟ INDICA                                                                                                                                                    | TE NATURE OF                                                                                                                                                                                     | F NOTICE,                                                                                                                | REPORT, OR OTH                                                                              | IER DATA                                                      |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                          |                                                                                             |                                                               |
| <ul> <li>□ Notice of Intent</li> <li>☑ Subsequent Report</li> <li>□ Final Abandonment Notice</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Acidize ☐ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection                                                                                                                                                                                                                                                                | □ New                                                                                                                                                        | raulic Fracturing  Construction  and Abandon                                                                                                                                                     | ☐ Reclama                                                                                                                | olete<br>arily Abandon                                                                      | ☐ Water Shut-Off ☐ Well Integrity ☑ Other Drilling Operations |
| following completion of the involved testing has been completed. Final At determined that the site is ready for file the strength of the EMW=17.6ppg, good test. If 8/20/19 RIH to 10281' for plug to 9368' for plug #2, pump 22 for plug #3, pump 22 bbls space pump 22bbls spacer then cem strength, POOH to 7383' for p 8/21/19 RD cementers. WOC Drill 6-3/4" hole to 19065'M/87 TORQ/DQX/BTC casing at 19 with additives 13.2ppg 1.38 yie 9/7/19. Contacted BLM with in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | pandonment Notices must be filed in all inspection.  Disi high, good test. RIH and Drill 6-3/4" pilot hole to TD #1, pump 22bbls spacer the bbls spacer then cement with 24bbls ent with 24bbls 16.4ppg collug #5, pump 22 bbls spacer to reach compressive streviole (TD reached 9/3/19).  O40', 9/5/19. Pump 120bbleld cement, est TOC ~800 | d only after all d drill new for 10293'V, 8/chen cement vith 24bbls 1 ols 14.4ppg cement - WO eer then cem ngth+ 24hrs. RIH and se ls spacer the 0'. RIH and | ormation to 6990', 17/19. RIH with 16 with 24bbls 14.4 4.4 ppg cement, rement, POOH to C cement 7.5 hrs ent with 39bbls 1, then RIH and ta t 5-1/2" 20# P-11 en cement with 97 set RBP at 3017'. | perform FI ggs and core ppg cemen POOH to 8 7856' for p = 500psi c 7.5ppg cemen g cement @ 0 DQW 73sx (239bb . RD and RI | n, have been completed a T e. t, POOH 865' lug #4, ompressive nent. 2 7095'. bls) class H R | 0-4 must be filed once and the operator has                   |
| 14. I hereby certify that the foregoing is  Com  Name(Printed/Typed) RONI MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Electronic Submission #5<br>For OXY I<br>mmitted to AFMSS for proces                                                                                                                                                                                                                                                                          | USA WTP LP                                                                                                                                                   | , sént to the Carls<br>SCILLA PEREZ on                                                                                                                                                           | bad                                                                                                                      | (20PP2784SE)                                                                                |                                                               |
| Signature (Electronic Submission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | Date 05/12/2020                                                                                                                                                                                  |                                                                                                                          |                                                                                             |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FO                                                                                                                                                                                                                                                                                                                                 | R FEDERA                                                                                                                                                     | L OR STATE (                                                                                                                                                                                     | OFFICE U                                                                                                                 | SE                                                                                          |                                                               |
| Approved By ACCEPTED  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                               | JONATHON SHEPARD  Title PETROLEUM ENGINEER  Date 05/13/2020                                                                                                  |                                                                                                                                                                                                  |                                                                                                                          |                                                                                             |                                                               |
| which would entitle the applicant to conduct the second to | U.S.C. Section 1212, make it a c                                                                                                                                                                                                                                                                                                              |                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                          | ake to any department or                                                                    | agency of the United                                          |
| States any false, fictitious or fraudulent s<br>Instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | statements of representations as t                                                                                                                                                                                                                                                                                                            | o any maner w                                                                                                                                                | ium ns jurisuicuoli.                                                                                                                                                                             |                                                                                                                          |                                                                                             |                                                               |

## Additional data for EC transaction #515048 that would not fit on the form

## 32. Additional remarks, continued

cement job, pumped 65 bbls class c with additives 12.8 ppg cement. Confirmed TOC at ~5600'.

## Revisions to Operator-Submitted EC Data for Sundry Notice #515048

**Operator Submitted BLM Revised (AFMSS)** 

DRG SR Sundry Type: OTHER SR

NMLC050797 NMLC050797 Lease:

Agreement:

Operator: OXY USA WTP LP

OXY USA WTP LP. P.O. BOX 4294 HOUSTON, TX 77210 HOUSTON, TX 77210 Ph: 713-215-7827 Ph: 713.366.5360

**RONI MATHEW RONI MATHEW** Admin Contact:

REGULATORY SPECIALIST REGULATORY SPECIALIST E-Mail: roni\_mathew@oxy.com E-Mail: roni\_mathew@oxy.com

Ph: 713-215-7827 Ph: 713-215-7827

Tech Contact: **RONI MATHEW RONI MATHEW** 

REGULATORY SPECIALIST E-Mail: roni\_mathew@oxy.com REGULATORY SPECIALIST E-Mail: roni\_mathew@oxy.com

Ph: 713-215-7827 Ph: 713-215-7827

Location:

NM EDDY NM EDDY State: County:

Field/Pool: **RUSSELL RUSSELL** 

CHARLIE CHOCOLATE 14-15 FEDCOM 31H Sec 14 T20S R28E Mer NMP NENE 450FNL 420FEL CHARLIE CHOCOLATE 14-15 FEDCOM 31H Sec 14 T20S R28E NENE 450FNL 420FEL 32.579641 N Lat, 104.140281 W Lon Well/Facility:

32.579641 N Lat, 104.140281 W Lon