

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

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. NMNM0531277A
2. Name of Operator OXY USA INC.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 50250 MIDLAND, TX 79710		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-685-5717 Fx: 432-685-5742		8. Well Name and No. FNR 35 FEDERAL 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T23S R30E NWNW 600FNL 330FWL 32.667240 N Lat, 103.858723 W Lon		9. API Well No. 30-015-42275
		10. Field and Pool, or Exploratory SAND DUNES DELAWARE, S.
		11. County or Parish, and State EDDY COUNTY, 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 Drilling 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 recompletable 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 recompletable 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 site is ready for final inspection.)

Spud 14-3/4" hole 7/10/14, drill to 503'. RIH & set 11-3/4" 47# J-55 BTC csg @ 503', pump 20bbl FW spacer then cmt w/ 300sx (89bbl) PPC w/ additives @ 14.2ppg 1.67 yield followed by 390sx (94bbl) PPC w/ additives @ 14.8ppg 1.35 yield, had full returns during job, circ 396sx (112bbl) cmt to surface, WOC. Test BOP's @ 250# low 5000# high. Test csg to 2150# for 30 min, tested good. 7/13/14 RIH & tag cmt @ 355'. Drill new formation to 513', pump sweep, mud weight in & out 9.7ppg, attempt to FIT 3 times, could not get a FIT, pressure bled off.

SD 2/3/15
Accepted for record
NMOC

NM OIL CONSERVATION
ARTESIA DISTRICT
FEB 13 2015

RECEIVED

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #253683 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 01/29/2015	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR	<div style="border: 2px solid black; padding: 5px; text-align: center;"> ACCEPTED FOR RECORD FEB 11 2015 <i>Deborah Ham</i> BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE </div>	
Signature (Electronic Submission)	Date 07/17/2014		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By _____	Title _____	Office _____	

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.

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****