

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION
DOUGLAS DISTRICT
OJO ARTESIA

AUG 3 2015

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.

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMNM0593
2. Name of Operator OXY USA INC.		6. If Indian, Allottee or Tribe Name
Contact: DAVID STEWART E-Mail: david_stewart@oxy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5717 Fx: 432-685-5742	8. Well Name and No. SOUTH LOCO HILLS UNIT 20
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T18S R29E SWSW 660FSL 660FWL 32.727446 N Lat, 104.103360 W Lon		9. API Well No. 30-015-03522
		10. Field and Pool, or Exploratory LOCO HILLS QN GB SA
		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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" 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 recompleate 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 recompleation 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.)

2/6/2015 MIRU PU

2/9/2015 NDWH, NU BOP, POOH w/ tbg. RIH & set CIBP @ 2337'. RIH w/ tbg & tag CIBP @ 2337', circ hole w/ 10# MLF, M&P 65sx CL C cmt, PUH, WOC.

2/10/2015 RIH & tag cmt @ 1419', POOH. RIH & set pkr @ 510', RIH & perf @ 850', EIR @ 1.5BPM @ 1000#, M&P 30sx CL C cmt, PUH, WOC. RIH & tag cmt @ 740', PUH & set pkr @ 30'. RIH & perf @ 460', attempt to EIR; no rate, 1500#, contact BLM, rec approval to spot plug. RIH to 510', M&P 25sx CL C cmt, PUH, WOC.

2/11/2015 RIH & tag cmt @ 245', PUH & set pkr @ 25', pressure test csg to 1000#, tested good. RIH & perf @ 240', EIR @ 1.5BPM @ 1000#, M&P 25sx CL C cmt, WOC. RIH & tag cmt @ 165'. PUH & set pkr

Accepted as to processing of the well record.
Liability under bond is retained until
Surface restoration is completed.NO 8/13/15
Accepted for record
NMOCDECLARATION
DATE 8-11-15

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #291743 verified by the BLM Well Information System
For OXY USA INC., sent to the Carlsbad
Committed to AFMSS for processing by LINDA DENNISTON on 07/23/2015 ()

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 8/13/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

JUL 29 2015

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

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 **

Additional data for EC transaction #291743 that would not fit on the form

32. Additional remarks, continued

@ 30', pressure test csg to 1000#, tested good. RIH & perf @ 160', EIR @ 1.5BPM @ 0#, M&P 100sx CL C cmt, circ to surface, but cmt falling, WOC.

2/12/2015 RIH w/ tbg & tag cmt @ 50', PUH & set pkr @ 25', pressure test csg to 1000#, tested good. RIH & perf @ 50', EIR @ 1.5BPM @ 0#, M&P 20sx CL C cmt, circ to surface. RD BOP, top off csg, RDPU.