UNITED STATES DEPARTMENT OF THE INTERIOR

NMOCD	
Artesia	

FORM APPROVED

OME	,	1004	
Expir	es: Ju	ily 31	<u>, 2</u> 01

Expire	 	
ease Serial No.		

SUMDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to diff of to re-office an abandoned well. Use form 3760-3 (APD) for such proposals. 1. Type of Well of the Well	B	URFAU OF LAND MANAGEN	Arte		Expires: July 31, 2010		
SUBMIT IN TRIPLICATE - Other instructions on reverse side. 7. If Thin in CA/Agracinent, Name analyty No.	BUREAU OF LAND MANAGEMENT I. Artesia SUNDRY NOTICES AND REPORTS ON WELLS			j. Lease acria			
Type of Woll Gill Well Gill Well Gill Well Gill Well Gill Gill Well Gil	Do not use the abandoned we	6. If Indian, A	Hottee or Tribe Name				
© CHEAR CANYON 23 FEDERAL 4H CEDAR CANYON 23 FEDERAL 4H CEDAR CANYON 23 FEDERAL 4H CEDAR CANYON 23 FEDERAL 4H AND SPECE OF CONTROL OF CONT	SUBMIT IN TRI	7. If Unit or C	7. If Unit or CA/Agreement, Name and/or No.				
Name of Operator Commit: JANA MENDICIA 9, APINEN N. (Include area code) Ph: 432-685-5936 13. Althors P.O. BOX 50250 MIDLAND, TX 79710 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey Description) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey) 1. Location of Well (Founge, Sec., F., R. M. or Nurrey)		Ner					
Addition of Well (Footige, Net. T. R. M. or Summy Description) 10. Field and Peat, or Exploratory PIERCE CROSSING BIN SPG, E MIDLAND, TX 79710 11. Crossity or Parish, and State EDDY COUNTY, NM 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 13. Type OF ACTION Notice of Intent Acidize Alter Cassing Fracture Treat Alter Cassing Fracture Treat Accomplete Change Plans Plug and Abandon Recomplete Convert to Injection Plug Black Water Disposal Describe Proposed or Completed Operation (clearly size all perfrige, design), incleding estimated starting date of any proposed war ad approximate duration thereof. If the proposal is to depen directionally or recomplete depression results in a nutligite complete on a new series all depths of all perfriment markers and zones. Attach the timed under which the work will be performed or provide the Bend No. on its with BLMMIM. Required subsequent reports shall be filled within 30 days following completion of the involved operations. If the operation recompleted on a new sured and performed or provide the Bend No. on its with BLMMIM. Required subsequent reports shall be filled ovider which the work will be performed or provide the Bend No. on its with BLMMIM. Required subsequent reports shall be filled ovider which the work will be performed or provide the Bend No. on its with BLMMIM. Required subsequent reports shall be filled ovider in a nutligit complete on a new sured as 10-64 shall be filled ovider in a nutligit complete on a new sured as 10-64 shall be filled ovider in the control of the sured operations. If the operation recompleted in the control of the vision of the sured operations. If the operation recompleted in a new sured as 10-64 shall be filled ovider in the control of the vision of the sured performed or provide the Bend No. on its with BLMMIM. Required subsequent reports shall be filled ovi	. Name of Operator	Contact: JAN					
Decribe Proposed of Completed Operation (Party and State Prince Injection Plug and Abandon Plug and Plug	P.O. BOX 50250						
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent		., R., M., or Survey Description)		11. County or	Parish, and State		
TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent				EDDY CO	DUNTY, NM		
Notice of Intent	12. CHECK APPI	ROPRIATE BOX(ES) TO IN	DICATE NATURE OF	NOTICE, REPORT, OR (OTHER DATA		
Subsequent Report Alter Casing Fracture Treat Reclamation Well Integrity	TYPE OF SUBMISSION		ТҮРЕ О	FACTION .			
Subsequent Report Casing Repair	□ Notice of Intent	☐ Acidize	Deepen	☐ Production (Start/Resu	me) Water Shut-Off		
Final Abandonment Notice Change Plans Plug and Abandon Temporarily Abandon Convert to Injection Plug Buck Water Disposal		☐ Alter Casing	☐ Fracture Treat	_	■ Well Integrity		
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 recomplete 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 only in the BLM/BIA. Required subsequent reports shall be filed only in the BLM/BIA. Required subsequent reports shall be filed only after all requirements, including reclamation, have been completed. In a new interval, a form 3160-4 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.) RU WL 1/06/16, RIH & clean out to PBTD @ 16463*, run CBL_TOC @ 6330*, POCH. Pressure test csg to 9500# for 30min, good test. RIH & perf @ 16403-16344, 16247/T6038_15938-15732_15632-15424, 15326-15120, 15020-14814, 14718-14508, 14404-14206, 14102-13896, 13796-13590, 13490-13284, 13178-12978, 12888-16272_12574-12366, 12264-12064, 11960-11754, 11664-11444, 11348-1142, 11037-10836, 10734-10524_10430-10224_10124-9918_9824-9612_9507-9312_Total 864 holes. Frac in 24 stages w/ 1540216g Slick Water + 41800g 7.5% HCl acid + 3757478g 15# BXL w/ 10578900# sand, RD ARTESIA DISTRICT MAR 2_9_2016 RECEIVED Thereby certify that the foregoing is true and correct. Electronic Submitssion #329193 verifies by the BLM Well Information System For OXY USA inCORPORTED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/16/2916 () Name (Printed/Typed) DAVID STEWART Title SPACE FOR FEDERAL OR STATE OFFICE USE THIS SPACE FOR FEDERAL OR STATE OFFICE USE THIS SPACE FOR FEDERAL OR STATE OFFICE USE		_ ,	_	_ ,	Other		
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 recomplete 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 only a diversity of the person of the involved operations. If the operation results in a multiple completion or recompletion 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.) RU WL 1/106/16, RIH & clean out to PBTD @ 16463*, run CBL*,TOC @ 6330*, POOH. Pressure test csg to 9500# for 30min, good test. RIH & perf @ 16403-16344, 16747-16038, 15958-15593, 15424, 15326-15120, 15020-14814, 14718-14508, 14404-14206, 14102-13896, 13796-13590, 13490-13284, 1348-13142, 11037-10836, 10734-10524, 10430-10224, 10124-9918, 9824-9612, 9507-9312* Total 864 holes. Frac in 24 stages w/ 1540216g Slick Water + 41800g 7.5% HCl acid + 3757478g 15# BXL w/ 10578900# sand, RD ARTESIA DISTRICT MAR 2 9 2016 RECEIVED Thereby certify that the foregoing is true and correct. Electronic Submission #329193 verifies by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad DEBORAH MCKINNEY on 02/16/2916 () Name (Printed/T)/ped) DAVID STEWART Title SR. REGULATORN ADVISOR THIS SPACE FOR FEDERAL OR STATE OFFICE USE THIS SPACE FOR FEDERAL OR STATE OFFICE USE THIS SPACE FOR FEDERAL OR STATE OFFICE USE	☐ Final Abandonment Notice		_				
If the proposal is to deepen directionally or recomplete 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 BILMBIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion 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.) RU WL 1/06/16, RIH & clean out to PBTD @ 16463*, run CBL TOC @ 6330_POOH. Pressure test csg to 9500# for 30min, good test. RIH & perf @ 16403-16344, 16247-16038_15938-15732, 15632-15424, 13788-12978, 12888-12672, 12574-12366, 12264-12064, 11960-11754, 11654-11448, 11348-11442, 11037-10836, 10734-10324, 10430-10224, 10124-9918, 9824-9612, 9507-9312* Total 864 holes. Frac in 24 stages w/ 1540216g Slick Water + 41800g 7.5% HCl acid + 3757478g 15# BXL w/ 10578900# sand, RD ARTESIA DISTRICT MAR 2 9 2016 RECEIVED Thereby certify that the foregoing is true and correct. Electronic Submission #329193 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/16/2016 () Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR THIS SPACE FOR FEDERAL OR STATE OFFICE USE. THIS SPACE FOR FEDERAL OR STATE OFFICE USE.	<u> </u>	Convert to Injection	Plug Back	☐ Water Disposal			
A. I hereby certify that the foregoing is true and correct. Electronic Submission #329193 verified by the BLM Well Information System For QXY USA (NCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/16/2016 () Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR Signature (Electronic Submission) Date 01/20/2016 THIS SPACE FOR FEDERAL OR STATE OFFICE USE pproved By Title	determined that the site is ready for f RU WL 1/06/16, RIH & clean 9500# for 30min, good test. F 15326-15120, 15020-14814, 13178-12978, 12888-12672, 11037-10836, 10734-10524, 24 stages w/ 1540216g Slick	inal inspection.) put to PBTD @ 16463', run Cl RIH & perf @ 16403-16344, 10 14718-14508, 14404-14206, 1 12574-12366, 12264-12064, 1 10430-10224, 10124-9918, 98 Water + 41800g 7.5% HCl aci	BL TOC @ 6330', POOH 6247-16038, 15938-1573 14102-13896, 13796-135' 11960-11754, 11654-114 324-9612, 9507-9312' Tol id + 3757478g 15# BXL v	025 NO+ (WLL+) 1. Pressure test csg to 2, 15632-15424, 90, 13490-13284, 48, 11348-11142, al 864 holes. Frac in	NM OIL CONSERVATION ARTESIA DISTRICT		
4. Thereby certify that the foregoing is true and correct. Electronic Submission #329193 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/16/2016 () Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR Signature (Electronic Submission) Date 01/20/2016 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By Title				·			
Electronic Submission #329193 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/16/2016 () Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR Signature (Electronic Submission) Date 01/20/2016 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By Title		·			WECEIVED.		
Signature (Electronic Submission) THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By Title		Electronic Submission #3291 For OXY USA INC Committed to AFMSS for proc	CORPORATEĎ, sent to the essing by DEBORAH MCK	Carisbad INNEY on 02/16/2016 () GULATORY ADVISOR			
Approved By Title	Signature (Electronic	Submission)	Date 01/20/2	ACCEPAED FO	R RECORD		
		THIS SPACE FOR I	EDERAL OR STATE	OFFICE USE	h-a 1 1		
nditions of approval, if any, are attached. Approval of this notice does not warrant or tify that the applicant holds legal or equitable title to those rights in the subject lease is a resolution of the condition of the conditi	opproved By		Title	5115			
ich would eindre die applicant to conduct operations thereon.	nditions of approval, if any, are attache tify that the applicant holds legal or eq ich would entitle the applicant to condi	uitable title to those rights in the subj	warrant or ect lease Office	CARLSBAD FIEL	DIOCETICAL TOTAL		

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 **

Accepted for record - NMOCD

