

NMOCD
Artesia
 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. NMNM89819
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. PATTON MDP1 18 FEDERAL 73H
9. API Well No. 30-015-44318
10. Field and Pool or Exploratory Area COTTON DRAW; BONE SPRING
11. County or Parish, State EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator OXY USA INC. Contact: SARAH MITCHELL E-Mail: sarah_mitchell@oxy.com	
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-699-4318
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R31E Mer NMP NWNE 335FNL 2092FEL 32.223671 N Lat, 103.815156 W Lon	

12. CHECK THE 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"/> Hydraulic Fracturing	<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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

8/27/17 Drill 9 7/8" hole, drill to 10,513' (9/2/17). RIH & set 7 5/8" 29.7# L-80 BTC csg @ 10503', DVT @ 5984', ACP @ 5997', pump 50 BBLs spacer with red dye then cmt w/ 685 sxs (353 BBLs) PPC w/ additives, 10.2 PPG, 3.06 yield followed by 85 sxs (25 BBLs) PPC w/ additives, 13.2 PPG, 1.66 yield, full returns throughout job, injectate ACP to 2100 psi, open DVT, circ through DVT, circulate 18 sxs (10 BBLs) to surface. Pump 2nd stage w/ 5 BBLs FW spacer then cmt w/ 220 sxs (121 BBLs) PPC w/ additives 10.2 PPG, 3.06 yield followed by 80 sxs (23 BBLs) H cmt, 13.2 PPG, 1.65 yield. Estimated TOC @ 3260' - 1100' inside csg shoe) drop cancellation plug, pressure up & close DVT. Install pack off, test to 5,000 psi, good test.

Accepted for record - NMOCD
 9-27-17

NM OIL CONSERVATION
 ARTESIA DISTRICT
 SEP 26 2017

14. I hereby certify that the foregoing is true and correct. Electronic Submission #387933 verified by the BLM Web Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 09/18/2017 (1)	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 09/07/2017
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 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD 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.

(Instructions on page 2)

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