

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
Artesia

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.  
NMNM85893

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**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		8. Well Name and No. CEDAR CANYON 21 FEDERAL COM 23H	
2. Name of Operator OXY USA INC.		9. API Well No. 30-015-44191	
3a. Address P.O. BOX 50250 MIDLAND, TX 79710		3b. Phone No. (include area code) Ph: 432-685-5936	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 21 T24S R29E Mer NMP SWNW 1824FNL 141FWL 32.205244 N Lat, 103.997550 W Lon		10. Field and Pool or Exploratory Area CORRAL DRAW BONE SPRING	
		11. County or Parish, State EDDY COUNTY, NM	

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.

9/12/17 Skid rig back to Cedar Canyon 21 Federal Com 23H. RU BOP, test @ 250# low 5000# high. RIH & tag DVT, drill out DVT, test 7-5/8" casing to 4300# for 30 min, good test. RIH & drill new formation to 8121', perform FIT test to EMW=11.5ppg, 800psi, good test. 9/14/17 Drill 6-3/4" hole to 13360' M 8708'V 9/17/17. RIH w/ 4-1/2" 13.5# P110 liner csg @ 13347', TOL @ 7891'. Pump 40# FW spacer then cmt w/ 660sx (159bbl) PPC w/ additives 13.2ppg 1.35 yield, full returns throughout job, TOC @ 7891', WOC. Install packoff, test to 7000#, good test, ND BOP. RD Rel Rig 9/20/17.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT  
NOV 07 2017

SC 11-8-17  
Accepted for record - NMOCD

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

Electronic Submission #389963 verified by the BLM Well Information System  
For OXY USA INC., sent to the Carlsbad  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/11/2017 ()

Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 09/26/2017

**RECEIVED**

**ACCEPTED FOR RECORD**

6/2017

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**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 _____		

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 \*\***