

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**NMOCD**
ArtesiaFORM 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.

SUBMIT IN TRIPLICATE - Other instructions on page 2		5. Lease Serial No. NMMN89819
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator OXY USA INC.		7. If Unit or CA/Agreement, Name and/or No.
Contact: SARAH MITCHELL E-Mail: sarah_mitchell@oxy.com		8. Well Name and No. PATTON MDP1 18 FEDERAL 7H
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-699-4318	9. API Well No. 30-015-44273
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R31E Mer NMP NENE 150FNL 255FEL 32.224180 N Lat, 103.809215 W Lon		10. Field and Pool or Exploratory Area COTTON 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 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.

10/05/17 NU BOP, test @ 250 psi low, 5000 psi high. Install wear bushing. Test csg to 1500 psi for 30 minutes, good test. RIH and tag cmt @ 625', drill new formation to 682', perform FIT test EMW = 19.5 PPG. Drill 12-1/4" hole to 4365' (10/8/2017). RIH & set 9-5/8" 47# L80 BTC csg @ 4355', pump 20 BBLs gel spacer w/ red dye then cmt w/ 1470 sxs (489 BBLs) PPC w/ additives, 12.9 PPG, 1.87 yield followed by 160 sxs (37 BBLs) PPC w/ additives, 14.8 PPG, 1.33 yield. No cmt to surface, BLM Rep Steven Zota gave permission to run temperature survey. TOC = 700'. Pressure test csg to 2250 psi for 30 min, good test. Install wellhead pack off.

11-29-17
Accepted for record - NMOCD

NM OIL CONSERVATION
ARTESIA DISTRICT
NOV 29 2017

RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #393706 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/01/2017 ()	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 11/01/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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 ****