

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.
NMNM57273

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
PALLADIUM MDP1 7-6 FEDERAL 1H

9. API Well No.
30-015-44298

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
 Oil Well Gas Well 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 7 T24S R31E Mer NMP SWSW 609FSL 682FWL
32.226265 N Lat, 103.823459 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 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 must 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 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.

11/11/17 NU BOP, test @ 250 psi low, 5000 psi high, good test. Test 13-3/8" csg to 1500 psi for 30 min, good test. RIH & tag cmt @ 620', drill new formation to 688', perform FIT EMW = 16 PPG 228 psi. Drill 12-1/4" hole to 4334 (11/14/17). RIH w/ 9-5/8" 47# L-80 BTC csg and set @ 4326', pump 80 BBLs gel spacer w/ green dye then cmt w/ 1280 sks (393 BBLs) PPC w/ additives, 12.9 PPG, 1.73 yield followed by 166 sks (39 BBLs) PPC w/ additives, 14.8 PPG, 1.33 yield, circ 619 sks (190 BBLs) to surface, full returns during job. BLM present to witness cmt operations. Pressure test csg to 4790 psi for 30 min, good test. Install pack-off, test seals to 5000 psi, good test.

NM OIL CONSERVATION
ARTESIA DISTRICT
DEC 05 2017

RECEIVED

Accepted for record - NMOCD

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

Electronic Submission #395343 verified by the BLM Well Information System
For OXY USA INC., sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/21/2017 ()

Name (Printed/Typed) DAVID STEWART Title SR REGULATORY ADVISOR

Signature (Electronic Submission) Date 11/16/2017

ACCEPTED FOR RECORD
NOV 22 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 ****