Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM14777

SUNDRY NOTICES AND REPORTS ON WELLS

	10110207111511210			l.		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.	
OXY USA WTP LTD PRTNRSHIP					8. Well Name and No. MAYER FED 1	
P.O. BOX 4294	Contact: DAVID STEWART E-Mail: david_stewart@oxy.com				9. API Well No. 30-015-24041-00-S1	
HOUSTON, TX 77210 ATTN: DAVID STEWART		3b. Phone No. (include area code) Ph: 432-685-5717			10. Field and Pool or Exploratory Area OWEN MESA	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Paris		11. County or Parish,	State
Sec 26 T24S R29E NESE 1980FSL 660FEL					EDDY COUNTY, NM	
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	☑ Notice of Intent ☐ Acidize		☐ Deepen		on (Start/Resume)	☐ Water Shut-Off
_	☐ Alter Casing	☐ Hydraulic Fracturing		☐ Reclamation		■ Well Integrity
☐ Subsequent Report	Casing Repair	■ New Construction		☐ Recomplete		Other
☐ Final Abandonment Notice	☐ Change Plans		□ Plug and Abandon		rily Abandon	Successor of Operato r
	☐ Convert to Injection	tion Plug Back Wat		□ Water D	isposal	
As required by 43 CFR 3100.0 on the above referenced leas operator accepts all applicable operations conducted on the I Bonding requirements as follows:	e effective November Nove e terms, conditions, stipul ease or portion of lease of	ember 1, 201 ations and realescribed. OX	7. ŌXY USA W∃ strictions conceri Y USA WTP LP	TP LP as the ning	new	EIVED
Accepted for record - NMOCD					JUL 0 6 2018	
Verbel given by	y C. Walls, 6	Rom Ergin	een, 1/16	18	DISTRICT II	-ARTESIA O.C.D.
14. I hereby certify that the foregoing is		396190 verifie TING INCORP	d by the BLM Wel ORATED, sent to	the Carlsbac	l [*]	
Name (Printed/Typed) DAVID STEWART Title SR. REGULAT				GULATORY	ADVISOR	
Signature (Electronic Submission) Date 11/28/2017				017		
hed a	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE US	SE	
Wineh Megnite			Title SL	. P. A.	T.	Date 1/16/18
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to conduct the applicant the ap		Office Q	FO.		, ·	
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent					ke to any department or	agency of the United