

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.
NMNM45236

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

8. Well Name and No.
STERLING SILVER MDP1 33-4 FEDE 7H

9. API Well No.
30-015-45389

10. Field and Pool or Exploratory Area
INGLE WELLS

11. County or Parish, State
EDDY COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
OXY USA INC.
Contact: SARAH E CHAPMAN
E-Mail: SARAH_CHAPMAN@OXY.COM

3a. Address
P.O. BOX 4294
HOUSTON, TX 77210

3b. Phone No. (include area code)
Ph: 713-350-4997

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 33 T23S R31E NENE 96FNL 564FEL
32.267918 N Lat, 103.776031 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 Hydraulic Fracture
	<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.

RUPU 3/6/19, RIH & cleanout to PBDT @ 20631'. Pressure test csg to 9800# for 30 minutes, good test. RIH & perf from 20577-20427, 20376-20226, 19974-19824, 20178-20025, 19769-19623, 19572-19424, 19370-19221, 19170-19024, 18969-18819, 18768-18623, 1567-18417, 18366-18213, 18165-18015, 17959-17814, 17763-17614, 17361-17214, 17559-17412, 17160-17010, 16959-16809, 16758-16608, 16557-16407, 16356-16206, 16155-16005, 15378-15226, 15753-15603, 15552-15402, 15351-15198, 15150-15100, 14949-14799, 14748-14598, 14547-14397, 14346-14196, 14148-13995, 13944-13794, 13743-13953, 13542-13392, 13341-13191, 12990-13140, 12939-12789, 12734-12588, 12537-12387, 12336-12186, 12135-11985, 11934-11782, 11733-11583, 11532-11382, 11331-11181, 11130-10980, 10929-10779, 10728-10578, 10527-10377. Total 1200 holes. Frac in 50 stages w/ 15685110g slickwater w/ 20394095# sand. RD Schlumberger 3/20/19, RIH and clean out for flowback and to test well for potential.

RECEIVED

AUG 6 2019

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #458702 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad

Name (Printed/Typed) SARAH E CHAPMAN Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 03/20/2019

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 to make any false, fictitious or fraudulent statements or representations as to any matter within

of the United States

(Instructions on page 2)

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

Pending BLM approvals will subsequently be reviewed and scanned.