

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

**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 reverse side**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

OXY USA WTP Limited Partnership 192463

3a. Address

P.O. Box 50250 Midland, TX 79710

3b. Phone No. (include area code)

915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990 FNL 990 FWL NW NW (4) Sec 2 T18S R25E

5. Lease Serial No.  
NM14757

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

OFT Tumbleweed Fed. Con. #1

9. API Well No.

30-015-30714

10. Field and Pool, or Exploratory Area

Atoka Upper Penn., West

11. County or Parish, State

Eddy, NM

**12. CHECK 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"/> Fracture Treat	<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 DST, Set
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	CSS & Cmt
	<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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

See other side

2002

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

David Stewart

Title

Regulatory Analyst

Signature

Date

5/18/01

**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

ATTACHMENT C-103  
OXY USA INC.  
OXY TUMBLEWEED #1  
SEC 2 T18S R25E  
EDDY COUNTY, NM

DRILL 7-7/8" HOLE TO DST DEPTH @ 6775', 11/25/99, TESTED CISCO FORMATION FROM  
6485 TO 6775, 290 ft.

	OUTSIDE PORT @ 6770	INSIDE PORT @ 6507
TEMP DEG F	117	117
I. HYD PSIG	3115	3110
I. FLOW PSIG	99-94	97-95
I.S.I PSIG	425	401
F. FLOW PSIG	93-120	84-117
F.S.I. PSIG	1680	1672
F. HYD PSIG	3112	3108

NO CUSHION WAS USED

	DURATION	START BH PSI	END BH PSI
INITIAL FLOW	15 MINS	97.26	94.66
INITIAL SHUT IN	30 MINS	94.66	401.05
FINAL FLOW	61 MINS	84.18	116.78
FINAL SHUT IN	119 MINS	116.78	1672.08

RECOVERED 152' OF DRILLING FLUID. SAMPLER CONTAINED 1650cc's OF DRILLING FLUID  
AND 0.18cf GAS. TOH LD TEST TOOLS AND TIH WITH BIT, DRILL TO TD @ 8550',  
12/1/99, CIRC HOLE & PUMP SWEEP. RIH W/ OH LOGS. RIH W/ BIT & HIT BRIDGE @  
7632', WASH & ROTATE 7632-7650, WASH TO BOTTOM. RIH W/ 4-1/2" 11.6# CSG & SET  
@ 8549'. M&P 725sx 15:61:11 POZ/C/CSE W/ .4% CD-32 + .8% FL-50 + 8#/sx  
GILSONITE FOLLOWED BY 75sx C1 C W/ + .4% CD-32 + .5% FL-50, DISP W/ 2% KCLW,  
PLUG DOWN @ 1300hrs MST 12/3/99. CEMENT DID NOT CIRCULATE, WOC. NMOC D WAS  
NOTIFIED BUT DID NOT WITNESS. ND BOP, SET SLIPS & CUT CSG. JET & CLEAN PITS,  
RELEASE RIG @ 1900hrs MST 12/3/99. SI WOCU.

RECEIVED  
NOV 24 1999  
OXY USA INC.

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO.

30-015- 30716

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

OXY Tumble weed

8. Well No.

1

9. Pool name or Wildcat

Undeg. Atoka Morrow, West

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

OXY USA Inc.

16696

3. Address of Operator

P.O. BOX 50250 MIDLAND, TX 79710-0250

4. Well Location

Unit Letter 4 : 990 feet from the North line and 990 feet from the West line

Section 2 Township 18S Range 25E NMPM EDDY County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3494

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: DST ☒

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

See other side



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 12/15/99

Type or print name DAVID STEWART Telephone No. 915-685-5717

(This space for State use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 1/13/00

Conditions of approval, if any:

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OCT 10 1999