

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1999

C/S R

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 INC.

3a. Address
P.O. BOX 50250
MIDLAND, TX 79710-0250

3b. Phone No. (include area code)
16696
915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650 FSL 660 FWL NWSW (L) Sec 20 T18S R29E

Lease Serial No.
NM0925

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
OXY Lion Federal #1

9. API Well No.
30-015-30761

10. Field and Pool, or Exploratory Area
Unders. Turkey Track Morrow, N.

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 Spud, Set
CSS & cement |
| | <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 shall 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 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.)

NOTIFIED BLM 11/4/99 OF SPUD. MIRU FWA-PETERSON #307, SPUD WELL @ 2330hrs MST 11/4/99. DRILL 17-1/2" TO TD @ 420', 9/25/99, PUMP SWEEP. RIH W/ 13-3/8" 48# H40 CSG & SET @ 420'. M&P 175sx 65:35 C/POZ W/ 6% BENTONITE + 2% CaCl₂ + 1/4#/sx CELLOFLAKE FOLLOWED BY 200sx CL C W/ CaCl₂, DISP W/ FW, PLUG DOWN @ 1430hrs MST 11/5/99, CIRC 70sx CMT TO PIT, WOC-6hrs. BLM NOTIFIED & GENE HUNT WITNESSED CMT JOB. CUT OFF CASING, WELD ON STARTING HEAD, TEST TO 500#, OK. NU BOP & CHOKE MANIFOLD, TEST BLIND RAMS, PIPE RAMS, & HYDRIL TO 500#, OK. TOTAL WOC-18hrs, RIH & TAG, DRILL OUT & DRILL AHEAD 11/6/99.

DRILL 11" HOLE TO TD @ 3232' 11/11/99. RIH W/ 8-5/8" 32# K55 CSG & SET @ 3232'. M&P 875sx 65:35 C/POZ W/ 6% BENTONITE FOLLOWED BY 200sx CL C W/ 1% CaCl₂ DISP /FW, PLUG DOWN @ 0915rs MST 11/11/99, CIRC 229sx CMT TO PIT. WOC-6hrs, NU BOP & CHOKE MANIFOLD, TEST BLIND RAMS, PIPE RAMS, CHOKE LINES, CHOKE MANIFOLD AND SAFETY VALVES TO 5000#, OK. TEST HYDRIL TO TEST KILL LINE, MUD LINES, & CASING TO 2500#, BLM NOTIFIED OF CEMENT JOB & BOP TEST, DID NOT WITNESS. RIH & TAG, DO CMT, TEST TO 500#, OK, DRILL AHEAD.

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

Name (Printed/Typed)

DAVID STEWART

Title

REGULATORY ANALYST

Signature

Date

11/22/99

NOV 22 1999

9cs

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 verify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001, makes 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 reverse