Form 3160-5 (June 2015)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM38464

**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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                    |                                                |                                                  |                                             |                  |                  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                    |                                                |                                                  | 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. |                  |                  |  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                    |                                                |                                                  | 8. Well Name and No. PURE GOLD A FED 2      |                  |                  |  |
| ☑ Oil Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                    |                                                |                                                  |                                             |                  |                  |  |
| 2. Name of Operator Contact: KIM HOFFMAN OXY USA INCORPORATED E-Mail: KIM_HOFFMAN@OXY.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                    |                                                |                                                  | 9. API Well No.<br>30-015-27243-00-S1       |                  |                  |  |
| 3a. Address<br>5 GREENWAY PLAZA SUITE<br>HOUSTON, TX 77046-0521                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (include area code)<br>5-7314                                                                                    |                                    | Field and Pool or Exploratory Area     WILDCAT |                                                  |                                             |                  |                  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                    |                                                |                                                  | 11. County or Parish, State                 |                  |                  |  |
| Sec 21 T23S R31E SWSW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                    |                                                |                                                  | EDDY COUNTY, NM                             |                  |                  |  |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPROPRIATE BOX(ES) TO                                                                                            | O INDICA'                          | TE NATURE OI                                   | F NOTICE,                                        | REPORT, OR OTH                              | ER DA            | ГА               |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                                                                                                   |                                    |                                                |                                                  |                                             |                  |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Acidize ☐ Do                                                                                                   |                                    | eepen 🛛 Pi                                     |                                                  | ➤ Production (Start/Resume)                 |                  | ☐ Water Shut-Off |  |
| ■ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                    | raulic Fracturing   Recla                      |                                                  | ation                                       | ☐ Well Integrity |                  |  |
| ☐ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                                                                                                                | ☐ Casing Repair ☐ New Construction |                                                | ☐ Recomplete                                     |                                             | ☐ Other          |                  |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                    | and Abandon                                    |                                                  |                                             |                  |                  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | =                                                                                                                |                                    | g Back                                         |                                                  | •                                           |                  |                  |  |
| testing has been completed. Final At determined that the site is ready for final At the site is site in the site is ready for final At the site is ready for fina | inal inspection.<br>tension to return this well to<br>and equipment required to re<br>g crew and equipment are a | production                         | . Due to COVID,<br>wnhole failure. T           | there has b                                      |                                             |                  |                  |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Electronic Submission #523                                                                                       |                                    | I by the BLM Well                              |                                                  | System                                      |                  |                  |  |
| Committed to AFMSS for processing by PRISCILLA PEREZ on 07/30/2020 (20PP3568SE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                    |                                                |                                                  |                                             |                  |                  |  |
| Name (Printed/Typed) KIM HOFFMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                    | Title REGUL                                    | ATORY TEC                                        | CH II                                       |                  |                  |  |
| Ciamatana (Elastronia 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N. I                                                                                                             |                                    | D-4- 07/20/20                                  | 200                                              |                                             |                  |                  |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THIS SPACE FOR                                                                                                   | FEDERA                             | Date 07/30/20                                  |                                                  |                                             |                  |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS STAGE TON                                                                                                   |                                    |                                                |                                                  |                                             | <del></del>      |                  |  |
| Approved By ACCEPTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                    |                                                | JONATHON SHEPARD<br>TitlePETROLEUM ENGINEER Date |                                             | ate 08/06/2020   |                  |  |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equ which would entitle the applicant to condu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Office Carlsbad                                                                                                  |                                    |                                                |                                                  |                                             |                  |                  |  |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                    |                                                | willfully to ma                                  | ke to any department or a                   | igency of t      | the United       |  |

32. Additional remarks, continued

## Revisions to Operator-Submitted EC Data for Sundry Notice #523609

**Operator Submitted BLM Revised (AFMSS)** 

RESUME NOI Sundry Type: RESUME NOI

NMNM38464 Lease: NMNM38464

Agreement:

Operator: **OXY USA INCORPORATED** 

OXY USA INC 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521

Ph: 713-215-7314 Ph: 713.350.4816

KIM HOFFMAN REGULATORY TECH II E-Mail: Kim\_Hoffman@oxy.com Admin Contact:

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Ph: 713.215.7314 Ph: 713-215-7314

Location:

NM EDDY NM EDDY State: County:

Field/Pool: SAND DUNES; DELAWARE, WEST WILDCAT

PURE GOLD A FED 2 Sec 21 T23S R31E SWSW PURE GOLD A FEDERAL 002 Sec 21 T23S R31E SWSW 660FSL 330FWL Well/Facility: