

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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 LP

192463

3a. Address
P.O. Box 50250 Midland, TX 797103b. Phone No. (include area code)
432-685-5717

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

990 FNL 990 FWL NWNW (D) Sec 12 T21S R23E

5. Lease Serial No.

NM 05603

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Bone Flats 12 Federal #1

9. API Well No.

30-015-28021

10. Field and Pool, or Exploratory Area

Daguer Draw, South Up. Perm (Hess)

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 checked="" 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 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 TA Extension
	<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 recomple 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 recomple 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.)

Bone Flats 12 Federal #1

Accepted for record

NMOCD RT

12/12/11

TD-8090' PBTD-7446' Perfs-7506-7900' CIBP-7456'

RECEIVED

DEC 06 2011

NMOCD ARTESIA

OXY USA WTP LP respectfully requests to extend the Temporarily Abandon Status Approval.

This will allow OXY to evaluate the current Glorieta-Yeso recompletions currently being done.

This well passed a casing integrity test 1/6/11, copy attached.

After 12-1-12 the well must be online
or plans to P & A must be submitted.

THIS IS THE LAST TA APPROVAL

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

David Stewart

Title Regulatory Advisor

Signature

Date

11/11/11

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

/s/ JD Whitlock Jr

Title

L/ET

Date

12/5/11

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

CFO

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 page 2)

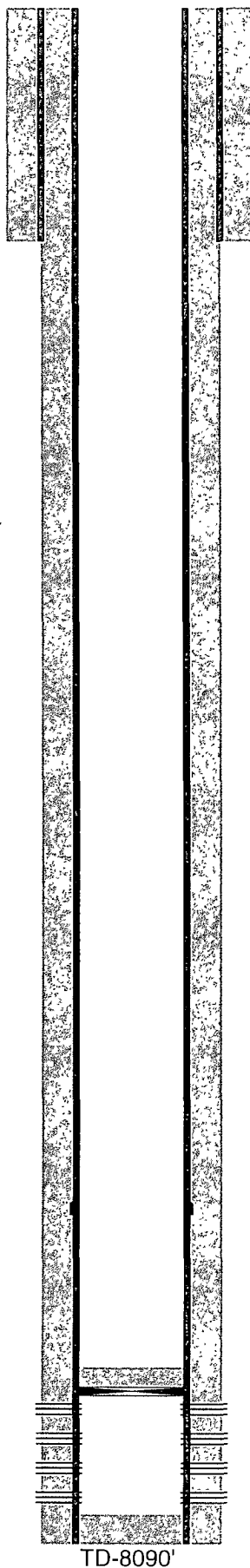
OXY USA WTP LP - Current
Bone Flats 12 Federal #1
API No. 30-015-28021

12-1/4" hole @ 1230'
9-5/8" csg @ 1230'
w/ 800sx-TOC-Surf-Circ

5/09-CIBP @ 7456' w/ 10' cmt

8-3/4" hole @ 8090'
7" csg @ 8090'
DVT @ 6390'
w/ 1035sx-TOC-Surf-Circ

Perfs @ 7506-7900'



TD-8090'

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SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5 Lease Serial No NM-05608
2 Name of Operator OXY USA WTP LP (Attn: Jereme Robinson 15.022) ✓		6 If Indian, Allottee or Tribe Name
3a. Address P.O. Box 27757, Houston, TX 77227-7757	3b Phone No (include area code) 713.366-5360	7 If Unit or CA/Agreement, Name and/or No NM-91035
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) D Sec. 12, T21S, R23E 990' FNL 990' FWL ✓		8. Well Name and No Bone Flats 12 1 Federal ✓
		9 API Well No 30-015-28021 ✓
		10 Field and Pool, or Exploratory Area South Dagger Draw/ Upper Pen Associate
		11 County or Parish, State Eddy NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
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OXY USA WTP LP request an extension T/A for a period of 1 year for Yeso Recompleat.

TD: 8090'

CIBP @ 7456' w/ 10'cmt

Perfs: 7506-7900'

Well passed MIT 01/06/2011 witnessed by BLM. See attached Chart and Wellbore Diagram

Well is approved to be TA/Sl for a period of 1 year or until 12/3/2011. The BLM reserves the right to refuse to extend this TA. Operator has requested an annual renewal option for 3 years. TA to be review annually. No TA will extend past 1/31/2013, This is from the date of the first TA request.

Accepted for record
NMOCD RP: 2/16/11

RECEIVED
FEB 15 2011
NMOCD ARTESIA

APPROVED
FEB 11 2011
/s/ JD Whitlock Jr
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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

Jereme Robinson/ jereme_robinson@oxy.com

Title

Regulatory Analyst

Date 01/16/2010

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	

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