

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION

OCD Artesia DISTRICT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**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.**

MAR 02 2015

RECEIVED

**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. NMNM88138
2. Name of Operator OXY USA INC.		6. If Indian, Allottee or Tribe Name
Contact: DAVID STEWART E-Mail: david_stewart@oxy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5717 Fx: 432-685-5742	8. Well Name and No. CEDAR CANYON 23 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T24S R29E SWSW 660FSL 660FWL 32.197340 N Lat, 103.961139 W Lon		9. API Well No. 30-015-41194
		10. Field and Pool, or Exploratory CORRAL DRAW BONE SPRING
		11. County or Parish, and State EDDY COUNTY, 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 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.)

Spud 14-3/4" hole 8/17/14, drill to 470'. RIH & set 11-3/4" 47# J-55 BTC csg @ 467', pump 20bbl FW spacer then cmt w/ 250sx (74bbl) PPC w/ additives @ 14.2ppg 1.67 yield followed by 450sx (107bbl) PPC w/ additives @ 14.8ppg 1.34 yield, no cmt to surf. Contact Terry Wilson-BLM, WOC 8hrs, Run Temp Log. RIH w/ temp log, TOC @ 19', RIH w/ 1" tbg & tag @ 36', M&P 21sx (5bbl) PPC w/ 2% CaCl2, circ 8sx (2BBL) cmt to surface, WOC. Test BOP's @ 250# low 5000# high. Test csg to 2150# for 30 min, tested good. 8/20/14, RIH & tag cmt @ 395', drill new formation to 480', perform FIT with 9.8ppg mud to EMW=13.5ppg, 90psi good test.

APD 3/2/14  
Accepted for record  
N/A/OCD

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #257930 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 02/25/2015	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR	<b>ACCEPTED FOR RECORD</b> FEB 25 2015 D. Ham	
Signature (Electronic Submission)	Date 08/21/2014		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
Approved By _____		Title _____	
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 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.

\*\*\* OPERATOR-SUBMITTED \*\*\* OPERATOR-SUBMITTED \*\*\* OPERATOR-SUBMITTED \*\*\*