

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.***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. NMNM06245
2. Name of Operator OXY USA WTP LP Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936 Fx: 432-685-5742	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T18S R30E SESE 1223FSL 386FEL 32.699903 N Lat, 103.934820 W Lon		8. Well Name and No. MISTY 35 FEDERAL COM. 4H
		9. API Well No. 30-015-41413
		10. Field and Pool, or Exploratory LEO BONE SPRING, S.
		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
	<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.)

RU WL 1/15/15, RIH & tag RBP @ 8100', POOH w/ RBP, pressure test csg to 8500# for 15 min, good test. RIH & perf @ 13014-12929, 12819-12649, 12529-12359, 12239-12069, 11949-11779, 11659-11489, 11369-11199, 11079-10909, 10789-10619, 10499-10329, 10209-10039, 9919-9749, 9629-9459, 9339-9169, 9049-8879' Total 614 holes. Frac in 15 stages w/ 14360 bbls 18# linear gel pre-pad + 43296 bbls 18# crosslinked gel + 1071 bbls 15% HCl + 4153 bbls treated water w/ 4275790# sand, RD Schlumberger. 2/12/15, clean out well, RIH with 2-7/8" tbg @ 7992' & ESP set @ 8030', POOH, RD 3/24/15. Pump to clean up and test well for potential.

NM OIL CONSERVATION

ARTESIA DISTRICT

MAY 04 2015

RECEIVED

Accepted for record
LED NMCD 5/2/15

14. I hereby certify that the foregoing is true and correct. Electronic Submission #297926 verified by the BLM Well Information System For OXY USA WTP LP, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 04/20/2015		ACCEPTED FOR RECORD APR 24 2015 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR	
Signature (Electronic Submission)	Date 04/10/2015	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
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 ****