

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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.***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. NMLC048479B
2. Name of Operator OXY USA WTP LP Contact: DAVID STEWART E-Mail: david_stewart@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: 432-685-5717 Fx: 432-685-5742	7. If Unit or CA/Agreement, Name and/or No. NMNM128925X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R28E SWNW 2083FNL 783FWL 32.821099 N Lat, 104.203262 W Lon		8. Well Name and No. ARTESIA YESO FEDERAL UNIT 30
		9. API Well No. 30-015-41360
		10. Field and Pool, or Exploratory ARTESIA GLORIETA YESO
		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 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
	<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.)

OXY USA WTP LP respectfully request a <sup>one</sup> year extension on this APD, it was approved 5/13/13.

**NM OIL CONSERVATION**

ARTESIA DISTRICT

JUN 1 2015

RECEIVED

Accepted for record  
NMOC 6/3/15APPROVED FOR 12 MONTH PERIOD  
ENDING 5-13-2016

14. I hereby certify that the foregoing is true and correct. Electronic Submission #298005 verified by the BLM Well Information System For OXY USA WTP LP sent to the Carlsbad	
Name (Printed/Typed) DAVID STEWART	Title SR REGULATORY ADVISOR
Signature (Electronic Submission)	Date 04/13/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <i>J. D. W. Hittlock</i>	Title EPS	Date 5/28/15
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.

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