

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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. NMNM94651
2. Name of Operator OXY USA INCORPORATED		6. If Indian, Allottee or Tribe Name
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 5 GREENWAY PLAZA STE 110 HOUSTON, TX 77046-0521	3b. Phone No. (include area code) Ph: 432-685-5936 Fx: 432-685-5742	8. Well Name and No. CEDAR CANYON 28 FEDERAL 7H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T24S R29E NESE 1760FSL 240FEL		9. API Well No. 30-015-43238-00-X1
		10. Field and Pool, or Exploratory PIERCE CROSSING
		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 Drilling Operations
	<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 recompleate 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 recompleation 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.)

9/14/15 drill 9-7/8" hole to 8020', 9/19/15. RIH & set 7-5/8" 29.7# L-80 csg @ 8010', DVT @ 3027', pump 40BFW spacer w/ red dye then cmt w/ 1070sx (555bbl) PPC w/ additives 10.2ppg 2.91 yield followed by 310sx (91bbl) PPH w/ additives 13.2ppg 1.65 yield, had partial returns, no cmt to surface, open DVT w/ 735#, circ, pump 2nd stage cement job w/ 20BFW spacer then cmt w/ 855sx (285bbl) PPC w/ additives 12.9ppg 1.87 yield followed by 190sx (45bbl) PPC w/ additives 14.8ppg 1.33 yield, drop cancellation plug, pressure up & close DVT, circ 129sx (67bbl) cement to surface, WOC. Install wellhead pack-off bushing, test to 5000# for 10min, good test, ND BOP. 9/21/15 Notified BLM for skid to Cedar Canyon 27 Federal 7H.

NM OIL CONSERVATION
ARTESIA DISTRICT

OCT 30 2015

RECEIVED

Accepted for record
NMOCD

UES 11/4/15

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #317581 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/23/2015 (46JAS068852)	
Name (Printed/Typed) DAVID STEWART	Title REGISTRATION ADVISOR
Signature (Electronic Submission)	Date 09/24/2015

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 _____		

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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.

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **