

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**Operator**FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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 page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMMN81586
2. Name of Operator OXY USA INC.		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 P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936	8. Well Name and No. CEDAR CANYON 22 FEDERAL COM 4H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T24S R29E NESE 2540FSL 260FEL 32.202504 N Lat, 103.964108 W Lon		9. API Well No. 30-015-43708
		10. Field and Pool or Exploratory Area PIERCE CROSSING BN SPRG,E
		11. County or Parish, State EDDY COUNTY, NM

**12. CHECK THE 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"/> Hydraulic Fracturing	<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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

10/27/16 Skid rig from Cedar Canyon 23 Federal 3H to Cedar Canyon 22 Federal Com 4H. RU BOP, test @ 250# low 5000# high, test 10-3/4" casing to 1500# for 30 min, good test. RIH & tag cmt @ 436', drill new formation to 505', perform FIT test to EMW=23ppg, 330psi good test. 10/28/16 drill 9-7/8" hole to 8205' 10/31/16. RIH & set 7-5/8" 29.7# L80 BTC csg @ 8197', DVT @ 3114', ACP @ 3136', pump 30BFW spacer then cmt w/ 1430sx (662bbl) PPC w/ additives 10.2ppg 2.60 yield followed by 167sx (48bbl) PPC w/ additives 13.2ppg 1.61 yield, no cmt to surface, inflate ACP to 2450#, open DVT, circ thru DVT and circ 20bbl spacer contaminated w/ mud & cmt to surface, pump 2nd stage: 30BFW spacer w/ dye then cmt w/ 1127sx (330bbl) PPC w/ additives 12.9ppg 1.65 yield followed by 162sx (38bbl) PPC w/ additives 14.8ppg 1.33 yield, drop cancellation plug, pressure up & close DVT, circ 93sx (43bbl) cmt to surface, WOC. Install pack-off, test to 5000# for 15min, good test. ND BOP, install wellhead cap, prepare for skid to Cedar Canyon 22 Federal 21H.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #358392 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 11/18/2016 ()</b>	
Name (Printed Typed) DAVID STEWART	Title SR. REGIONAL SUPERVISOR
Signature (Electronic Submission)	Date 11/17/2016
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
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.	

(Instructions on page 2)

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