

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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.*5. Lease Serial No.
NMLC067849

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
Wmnm 116 936

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.
OXY ADMIRAL FEDERAL 12. Name of Operator
OXY USA WTP LPContact: JANA MENDIOLA
E-Mail: janalyn_mendiola@oxy.com9. API Well No.
30-015-349073a. Address
P.O. BOX 50250
MIDLAND, TX 797103b. Phone No. (include area code)
Ph: 432-685-593610. Field and Pool or Exploratory Area
ILLINOIS CAMP;MORROW,N

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 35 T17S R27E NWNW 660FNL 1310FWL
32.796241 N Lat, 104.253822 W Lon11. 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 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"/> 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 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 checked="" 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 recompleat 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.

1. Name(s) of formation(s) producing water on the lease: Illinois Camp; Morrow, North (Gas)

2. Amount of water produced from each formation in barrels per day: 0bbl

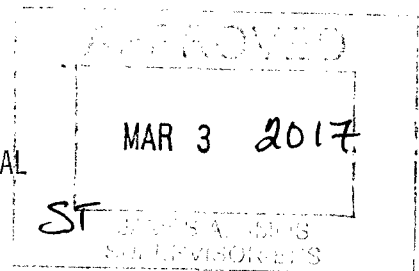
3. How water is stored on the lease: Water Storage Tank

4. How water is moved to disposal facility: Hauled to disposal facility

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

5. Operator(s) of disposal facility(ies): Walter Solt, LLC

a. Lease name or well name and number: Walter Solt State #1

b. Location by ?? Section, Township, and Range of the disposal system:
NWSW-05-18S-28E

Accepted for record - NMOC

AC 4-12-17

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #364048 verified by the BLM Well Information System
For OXY USA WTP LP, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH MCKINNEY on 01/24/2017 ()BUREAU OF LAND MANAGEMENT
ARTESIA DISTRICT

APR 10 2017

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATORY ADVISOR

Signature (Electronic Submission)

Date 01/17/2017

RECEIVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

EPS

Date

3/31/17

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

CFW

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 ****

Additional data for EC transaction #364048 that would not fit on the form

32. Additional remarks, continued

c. The appropriate NMOCD permit number: SWD-318-A

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

Disposal of Produced Water From Federal Wells
Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

1. This agency shall be notified of any change in your method or location of disposal.
2. Compliance with all provisions of Onshore Order No. 7.
3. This agency shall be notified of any spill or discharge as required by NTL-3A.
4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
8. Disposal at any other site will require prior approval.
9. Subject to like approval by NMOCD.

7/10/14