Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS Artesia not use this form for proposals to drill and

5. Lease Serial No. NMNM57273

| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | If Indian, Allottee or Tribe Name If Unit or CA/Agreement, Name and/or No. | |
|---|--|---|--|--|--------------------------------|
| | | | | | |
| 2. Name of Operator Contact: SARAH MITCHELL OXY USA INC. E-Mail: sarah_mitchell@oxy.com | | | | 9. API Well No. 30-015-44294 | |
| 3a. Address P.O. BOX 50250 MIDLAND, TX 79710 | (include area code) 10. Fiel GOT | | 10. Field and Pool or E COTTON DRAV |). Field and Pool or Exploratory Area COTTON DRAW; BONE SPRING | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | 11. County or Parish, State | |
| Sec 7 T24S R31E Mer NMP SESE 293FSL 592FEL 32.224730 N Lat, 103.812465 W Lon | | | | EDDY COUNTY, NM | |
| 12. CHECK THE APPROPRIATE BO | OX(ES) TO INDICA | TE NATURE OF | F NOTICE, | REPORT, OR OTH | ER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | |
| □ Notice of Intent □ Acidize | | ☐ Deepen ☐ | | on (Start/Resume) | ☐ Water Shut-Off |
| ☐ Alter Casing | ☐ Alter Casing ☐ Hye | | ☐ Reclamation | | ☐ Well Integrity |
| | ☐ Casing Repair ☐ New Construction | | ☐ Recomplete | | ☑ Other Drilling Operations |
| ☐ Final Abandonment Notice ☐ Change Plan | ns 🔲 Plug | and Abandon | ☐ Temporarily Abandon | | Drining Operations |
| ☐ Convert to I | ☐ Convert to Injection ☐ Plug Back | | ☐ Water D | ☐ Water Disposal | |
| determined that the site is ready for final inspection. Spud 17 ?" hole 8/13/2017, drill to 671' 8/14/20 pump 20 BBLs FW spacer then cmt w/ 865 sxs returns throughout job, circ 501 sxs (118 BBLs) location. | s (204 BBLs) PFC w/ a | additives, 14.8 PF stall wellhead ca | PG, 1.35 yiel p and move | d. full | NMOCD |
| | RECEIVED | | | Y | |
| | nission #386841 verifie For OXY USA INC., MSS for processing b | sent to the Carlsb | ad / CHEZ on 08/3 | 1/2017 () | |
| Signature (Electronic Submission) | | ACUE Date 08/30/20 | / | OR RECORD | / ha |
| THIS SP/ | ACE FOR FEDERA | L OR STATE | OFFICE US | F 2017 | 10 1 |
| Approved By Conditions of approval, if any, are attached. Approval of this n certify that the applicant holds legal or equitable title to those ri which would entitle the applicant to conduct operations thereon Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, States any false, fictitious or fraudulent statements or represer | ghts in the subject lease make it a crime for any pe | Office rson knowingly and | | MANAGE MENT ELD OFFICE | Date Date United |