

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD

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.

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

5. Lease Serial No. NNNM89819
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. PATTON MDP1 18 FEDERAL 23H
9. API Well No. 30-015-44316
10. Field and Pool or Exploratory Area COTTON DRAW; BONE SPRING
11. County or Parish, State EDDY COUNTY, NM

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	
2. Name of Operator OXY USA INC.	
Contact: SARAH MITCHELL E-Mail: sarah_mitchell@oxy.com	
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-699-4318
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R31E Mer NMP NWNE 335FNL 2122FEL 32.223671 N Lat, 103.815253 W Lon	

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 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.

8/16/17 NU BOP, test @ 250 psi low, 5000 psi high, install wear busing. Test csg @ 1500 psi for 30 min, good test RIH & tag cmt @ 602', drill new formation to 675', perform FIT test to EMW= 18 PPG, 273 psi. Drill 12 7/8" hole 8/18/17, drill to 4390', 8/19/17. RIH & set 9 5/8" 36# J-55 BTC csg @ 4380' pump 20 BBLs dyed FW + 20 BBLs gel spacer then cmt w/ 1195 sxs (398 BBLs) 12.9 PPG Econocem, 1.88 yield followed by 155 sxs (36.6 BBLs) 14.8 PPG Halcem, 1.33 yield, circ. 105 BBLs to surface, WOC. Install night cap and release rig to Patton MDP1 18 Federal #73H.

9-27-17
Accepted for record - NMOCD

NM OIL CONSERVATION
ARTESIA DISTRICT
SEP 26 2017
RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #387152 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 09/18/2017 ()	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 08/31/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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 ****