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## 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. NMNM94651

6. If Indian, Allottee or Tribe Name

	DIDLICATE Other incl					
1. Type of Well	SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agre	eement, Name and/or No.
1. Type of Well 🔲 Gas Well 🛄 Other					8. Well Name and No CEDAR CANYOI	N 27-28 FEDERAL 44H
2. Name of Operator OXY USA INC.	JANA MENDIOLA endiola@oxy.com	ANA MENDIOLA diola@oxy.com		9. API Well No. 30-015-44438		
3a. Address P.O. BOX 50250 MIDLAND, TX 79710		3b. Phone No. (include area code) Ph: 432-685-5936		10. Field and Pool or Exploratory Area PURPLE SAGE WOLFCAMP		
4. Location of Well (Footage, Sec., T.	)			11. County or Parish, State		
Sec 29 T24S R29E Mer NMP SESE 1245FSL 465FEL 32.184489 N Lat, 103.999583 W Lon		4. <b>A</b>			EDDY COUNT	Y, NM 🤹
12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICATE NAT	URE OF	NOTICE,	REPORT, OR OT	HER DATA
TYPE OF SUBMISSION			TYPE OF	ACTION		
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> </ul>	🗖 Acidize	Acidize Deepen Droduction (		ion (Start/Resume)	U Water Shut-Off	
	☐ Alter Casing	Hydraulic Fra	cturing	□ Reclamation		Well Integrity
	Casing Repair	□ New Constru		☐ Recomp	lete	🛛 Other
Final Abandonment Notice	Change Plans	Plug and Aba		Tempor	porarily Abandon Drilling Operations	
	Convert to Injection	Plug Back		Water Disposal		
					IM UIL CONSE	RVATION
	Accepted for record	NMOCD		X	IM OIL CONSE ARTESIA DIST NOV 07 2 RECEIVE	PH7
		NMOCD			NOV 07 2	PH7
14. I hereby certify that the foregoing is Name (Printed/Typed) DAVID ST	true and correct. Electronic Submission # For OX Committed to AFMSS for	391156 verified by the I Y USA INC., sent to th processing by JENNIF	e Carlsba ER SANCI	Information d EZ on 10/1	NOV 07 2 RECEIVE System	PH7
14. I hereby certify that the foregoing is         Name (Printed/Typed)       DAVID ST         Signature       (Electronic S)	true and correct. Electronic Submission # For OX Committed to AFMSS for EWART	391156 verified by the I Y USA INC., sent to th processing by JENNIF Title	e Carlsba ER SANCI	Information d EZ on 10/1 ULATORY	ARTESIA DIST NOV 07 2 RECEIVE System 1/2017 () APVISOR	PH7
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