

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNMOCD  
ArtesiaFORM 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.  
NMNM86908

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

CEDAR CANYON 21-22 FEDERAL COM 33

2. Name of Operator  
OXY USA INC.Contact: DAVID STEWART  
E-Mail: david\_stewart@oxy.com

9. API Well No.

30-015-44133

3a. Address  
P.O. BOX 50250  
MIDLAND, TX 797103b. Phone No. (include area code)  
Ph: 432-685-571710. Field and Pool or Exploratory Area  
PIERCE CROSSING BN SPRG,E

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

Sec 21 T24S R29E NWSW 1754FSL 374FWL  
32.200496 N Lat, 103.996832 W Lon

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 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 checked="" 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 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 recompleat 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.

OXY respectfully requests approval for the following changes from the approved permit:

**Proposed Annulus Monitoring Plan:**

The 13-3/8" X 9-5/8" X 12-1/4" annulus will be monitored via a pressure transducer and gauge. Both are to be mounted on the casing head. The pressure transducer will be used for continuous monitoring via the PLC with a high pressure alarm set up to provide early warning of any potential communication to formation pressures below the top of cement. The pressure gauge will be monitored and recorded by OXY field personnel on a weekly basis, with all data being recorded within the production/operations well management data system. In the event of any pressure events the asset engineer will be immediately notified and efforts will be made to assess and rectify the issue.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

NOV 06 2017

RECEIVED

Accepted for record - NMOCD

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

**Electronic Submission #391054 verified by the BLM Well Information System**  
For OXY USA INC., sent to the Carlsbad  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/26/2017 ()

Name (Printed/Typed) DAVID STEWART

Title SR. REGULATOR ADVISOR

Signature (Electronic Submission)

Date 10/05/2017

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

Date

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 \*\***

**Additional data for EC transaction #391054 that would not fit on the form**

**32. Additional remarks, continued**

Received verbal approval BLM Chris Walls - 6/11/17.