UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137

| | Exp | ires: | Jan | uary | 31 | , | 2 |
|---------|--------|-------|-----|------|----|---|---|
| ease Se | rial i | No | | | | | |

| SUNDRY Do not use thi | Lease Serial No. NMNM29234 If Indian, Allottee or Tribe Name | | | | | | |
|--|---|---|------------------------------------|---|---|---|--|
| Do not use thi abandoned wel | | | | | | | |
| SUBMIT IN 1 | 7. If Unit or CA/Agreement, Name and/or No. | | | | | | |
| Type of Well | | 8. Well Name and No. PATTON MDP1 17 FEDERAL 4H | | | | | |
| Name of Operator OXY USA INC. | SARAH MITCHELL hell@oxy.com | | | 9. API Well No. 30-015-44497 | | | |
| 3a. Address P.O. BOX 50250 MIDLAND, TX 79710 | 3b. Phone No. (include area code) Ph: 432-699-4318 | | | 10. 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 8 T24S R31E Mer NMP S 32.225780 N Lat, 103.800980 | | | | EDDY COUNTY, NM | | | |
| 12. CHECK THE AF | PROPRIATE BOX(ES) | TO INDICA | TE NATURE O | F NOTICE, | REPORT, OR OTH | ER DATA | |
| TYPE OF SUBMISSION | | | ACTION | | | | |
| ☐ Acidize | | ☐ Deepen | | ☐ Production (Start/Resume) | | ☐ Water Shut-Off | |
| ☐ Notice of Intent | ☐ Alter Casing | ☐ Hydraulic Fracturing | | ☐ Reclamation | | ■ Well Integrity | |
| Subsequent Report | □ Casing Repair | □ Nev | Construction | ☐ Recomplete | | Other | |
| ☐ Final Abandonment Notice | Change Plans | 🗖 Plug | g and Abandon | ☐ Temporarily Abandon | | Drilling Operations | |
| | ☐ Convert to Injection | 🗖 Plug | g Back | | Pisposal | | |
| following completion of the involved testing has been completed. Final At determined that the site is ready for final, good test. RIH & tag mid Drill 12-1/4" hole to 4454 (12/BBLs gel spacer then cmt w/160 sks (38 BBLs) PPC w/ ad csg to 4800 psi for 30 min, good test. | nandonment Notices must be fil mal inspection. psi low, 5000 psi high, go | ed only after all od test. Test | requirements, includ | ing reclamation 500 psi for 3 | n, have been completed and an | RVATION | |
| | | | | | JAN 09 2 | 2018 | |
| | | or record - ! | | | RECEIVE | 1018 1018 | |
| 14. I hereby certify that the foregoing is | Electronic Submission # For O) Committed to AFMSS for | (Y USA INC., | sent to the Carist JENNIFER SAN | oad CHEZ on 1/2/: | 20/2017 () | | |
| Name (Printed/Typed) DAVID ST | EWARI | | | GULATO/RY | | \ | |
| Signature (Electronic S | Submission) | | Date 12/19/2 | ACCEPT | ED FOR REC | ORD // | |
| | THIS SPACE FO | OR FEDERA | L OR STATE | OFFICE U | SE / / | 1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| Approved By Conditions of approval, if any, are attached. Approval of this notice does not certify that the applicant holds legal or equitable title to those rights in the st | | | Title | BURGAL | OF LAND MANAGEM | Aate NT | |
| which would entitle the applicant to conductive the tribute of trib | ict operations thereon. | | Office erson/knowingly and | Z CAR | TSRAN FIETH ALLIOT | | |
| States any false, fictitious or fraudulent | statements or representations as | to any matter w | ithin its jurisdiction. | • | 1 | | |