

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD

Artesia

FORM 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.
NMNM85893

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 FEDERAL COM 22H

2. Name of Operator
OXY USA INC.Contact: JANA MENDIOLA
E-Mail: janalyn_mendiola@oxy.com

9. API Well No.

30-015-44190

3a. Address
P.O. BOX 50250
MIDLAND, TX 797103b. Phone No. (include area code)
Ph: 432-685-593610. Field and Pool or Exploratory Area
CORRAL DRAW BONE SPRING

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

Sec 21 T24S R29E SWNW 1764FNL 141FWL
32.205409 N Lat, 103.997548 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 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 | |
| | <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.

RUPU 10/23/17, RIH & clean out to PBTD @ 13299'. 10/25/17 RIH w/ 5-1/2" 20# P110 tie back seal assembly connect to 4-1/2" 13.5# P110 liner. Pressure test csg to 9800# for 30 min, good test. RIH & perf @ 13198-13046, 12996-12840, 12794-12642, 12592-12440, 12390-12238, 12188-12036, 11986-11834, 11784-11632, 11582-11430, 11380-11228, 11178-11026, 10976-10824, 10774-10622, 10572-10420, 10370-10218, 10168-10016, 9966-9814, 9764-9612, 9562-9410, 9360-9209, 9158-9006, 8956-8804, 8754-8602' Total 920 holes. Frac in 23 stages w/ 6943062g Slick Water + 23016g 7.5% HCl acid w/ 6907660# sand, RD Schlumberger 11/3/17. RIH & clean out, flow to clean up and test well for potential.

JC 3-5-18
Accepted for record - NMOCD

MAR 05 2018

RECEIVED

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|---|------------------------------|
| 14. I hereby certify that the foregoing is true and correct. | |
| Electronic Submission #403740 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad/ Committed to AFMSS for processing by PRISCILLA PEREZ on 02/12/2018 () | |
| Name (Printed/Typed) DAVID STEWART | Title SR. REGULATORY ADVISOR |
| Signature (Electronic Submission) | Date 02/07/2018 |

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 ****