Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE PARISDAD FIELD OFFICE

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

|   | 191  |  |                | -   |                                  |   |     | _                             |    |
|---|--|--|----------------|---|----------------------------------|---|-----|-------------------------------|----|
| SUNDRY NOTICES AND REPORTS ON WELLS ATTESTED  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.<br>NMNM94651 |   |     |                               |    |
|   |  |  |                |   |                                  | 6. If Indian, Allottee or Tribe Name                    |     |                               |    |
| SUBMIT IN TRIPLICATE - Other instructions on page 2   |  |  |                |   |                                  | 7. If Unit or CA/Agreement, Name and/or No.             |     |                               |    |
| 1. Type of Well  Gas Well Gother  |  |  |                |   |                                  | 8. Well Name and No.<br>CEDAR CANYON 28 FEDERAL COM 41H |     |                               |    |
| 2.  | Name of Operator OXY USA INCORPORATED  | IOLA<br>om                                 |                | 9. API Well No.<br>30-015-44439-00-X1                                 |                                  |   |     |                               |    |
| 3a. Address       3b. Phone No.         5 GREENWAY PLAZA SUITE 110       Ph: 432-68         HOUSTON, TX 77046-0521       Ph: 432-68                                   |  |  |                | (include area code) 10. Field and Pool or Exp<br>5-5936 PURPLE SAGE-W |                                  |   |     |                               | )  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  |  |  | 1)             |   |                                  | 11. County or Parish, State                             |     |                               |    |
|   | Sec 28 T24S R29E NWNW 93 32.193108 N Lat, 103.997086   | EDDY CO                                    |                |   | NTY, ŅM                          |   |     |                               |    |
|   | 12. CHECK THE AF   | PPROPRIATE BOX(ES)                         | TO INDICA      | TE NATURE OI  | F NOTICE, 1                      | REPORT, OR C  | THE | R DATA                        |    |
|   | TYPE OF SUBMISSION   | TYPE OF ACTION                             |                |   |                                  |   |     |                               |    |
|   | ☐ Notice of Intent   | ☐ Acidize                                  | ☐ Dee          | pen   | ☐ Production                     | on (Start/Resume)                                       | ) ( | ☐ Water Shut-Off              |    |
|   | _  | ☐ Alter Casing                             | ☐ Hyd          | raulic Fracturing   | ☐ Reclama                        | tion  | E   | ☐ Well Integrity              |    |
|   | Subsequent Report  | □ Casing Repair                            | _              | w Construction  |                                  | $\overline{\mu}_{v_{\ell}}$                             |     | ☑ Other<br>Hydraulic Fracture |    |
|   | ☐ Final Abandonment Notice   | ☐ Change Plans ☐ Convert to Injection      |                | and Abandon<br>Back   | ☐ Tempora☐ Water D               | orarily Abandon 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 recomplete 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.  RUPU 12/13/18, RIH & POOH w/ RBP, clean out to PBTD @ 14704', pressure test csg to 9800# for 30 min, good test. RIH & perf @ 14595-14446, 14396-14248, 14198-14050, 14000-13852, 13805-13654, 13604-13456, 13406-13258, 13208-13060, 13010-12862, 12812-12664, 12618-12470, 12416-12268, 12218-12070, 12020-11868, 11822-11674, 11624-11476, 11426-11275, 11228-11080, 11030-10882, 10832-10682, 10634-10486, 10438-10289, 10238-10088' Total 552 holes. Frac in 23 stages w/ 5514894g Slick Water + 488460g 7.5% HCI Acid w/ 6926298# sand, RD Schlumberger 12/30/18. 2/25/19 RUPU, RIH & clean out, POOH, RIH with 2-7/8" tbg & pkr set @ 9625', RIH w/gas lift, RD 2/28/19. Pump to clean up and turn well over to production.  APR 1 2 2019  Accepted for record - NMOCD |  |                |   |                                  |   |     |                               |    |
| 14  | 4. I hereby certify that the foregoing is  | strue and correct. Electronic Submission # | 459615 verifie | d by the BLM Wel  | I Information                    | System  |     |                               |    |
| For OXY USA INCORPORA Committed to AFMSS for processing by PRI  |  |  |                | 「ED,sent to the Carlsbad  |                                  |   |     |                               |    |
| _   | Name (Printed/Typed) JANA ME   | Title REGUL                                | ATORY SPE      | CIALIST   |                                  |   |     |                               |    |
| Signature (Electronic Submission)   |  |  |                | Date 03/28/20   | 019                              |   |     |                               |    |
|   | ·  | THIS SPACE FO                              | OR FEDERA      | L OR STATE  | OFFICE US                        | SE  |     | ,                             |    |
| Approved By   |  |  |                | 1 1700  | pted for                         |   |     | APR. 0 3 20                   | 19 |
| ert   | nditions of approval, if any, are attache<br>ify that the applicant holds legal or equ<br>ch would entitle the applicant to condu  | Jonathon Shepard Carlsbad Field Office     |                |   |                                  |   |     |                               |    |