

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.
NMNM45236

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

8. Well Name and No.
IRIDIUM MDP1 28-21 FEDERAL COM 4H

9. API Well No.
30-015-45245

10. Field and Pool or Exploratory Area
INGLE WELLS

11. County or Parish, State
EDDY COUNTY COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
OXY USA INC.
Contact: LESLIE T REEVES
E-Mail: LESLIE_REEVES@OXY.COM

3a. Address
P.O. BOX 4294
HOUSTON, TX 77210
3b. Phone No. (include area code)
Ph: 713-497-2492

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 33 T23S R31E NENW 249FNL 2474FWL
32.267498 N Lat, 103.783287 W Lon

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 Hydraulic Fracture
	<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 recomplate 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 4/11/19, RIH and cleanout to PBTD at 20982', pressure test csg to 9800 psi for 30 minutes, good test 4/13/19. RIH and perf from 20921- 20772, 20722- 20573, 20523- 20374, 20327- 20175, 20125- 19974, 19926- 19777, 19727- 19578, 19528- 19378, 19329- 19180, 19130- 18981, 18931- 18782, 18731- 18583, 18533- 18384, 18334- 18185, 18135- 17986, 17936- 17788, 17737- 17588, 17538- 17389, 17339- 17193, 17140- 16991, 16941- 16792, 16742- 16593, 16547- 16394, 16344- 16195, 16145- 15996, 15946- 15797, 15747- 15648, 15598- 15403, 15349- 15200, 15150- 15001, 14951- 14803, 14752- 14603, 14553- 14404, 14553- 14404, 14155- 14006, 13956- 13807, 13757- 13608, 13558- 13409, 13361- 13210, 13160- 13008, 12961- 12812, 12762- 12613, 12563- 12414, 12364- 12215, 10989- 10840, 11966- 11817, 11767- 11622, 11568- 11419, 11369- 11220, 11170- 11021, 10971- 10822 and 10971- 10822. Total 1248 holes. Frac in 52 stages w/ 381603 bbls slickwater and 20828356 lbs sand. 4/30/19 RD Schlumberger, RIH & cleanout for initial potential.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #463687 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad

Name (Printed/Typed) LESLIE T REEVES Title REGULATORY ADVISOR

Signature (Electronic Submission) Date 05/01/2019

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 ****