

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.  
NMNM102914

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
Multiple--See Attached

9. API Well No.  
Multiple--See Attached

10. Field and Pool or Exploratory Area  
PIERCE CROSSING-BONE SPRING  
PURPLE SAGE-WOLFCAMP (GAS)

11. County or Parish, State  
EDDY COUNTY, NM

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

1. Type of Well  
 Oil Well  Gas Well  Other

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

3a. Address  
5 GREENWAY PLAZA SUITE 110  
HOUSTON, TX 77046-0521

3b. Phone No. (include area code)  
Ph: 432.685.5717  
Fx: 436.855.5742

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

**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	Change to Original PD	
	<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 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.

OXY USA Inc. respectfully requests the following bulk sundry changes to the approved APD's for the following wells:

1. Salt Flat CC 20-29 Federal Com #36H - 30-015-45050
2. Salt Flat CC 20-29 Federal Com #34H - 30-015-45048
3. Salt Flat CC 20-29 Federal Com #35H - 30-015-45049

**Carlsbad Field Office  
OCD Artesia**

See attached for the Amended Drill Plan with the following changes.

1. Change Production Casing to Liner and update cementing information. See attached for Casing Tie Back Detail
2. Request Bradenhead squeeze for the 2nd stage Intermediate casing with the Bradenhead CBL

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

**Electronic Submission #487154 verified by the BLM Well Information System  
For OXY USA INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 10/09/2019 (20PP0080SE)**

Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 10/09/2019

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

Approved By <u>NDUNGU KAMAU</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>10/25/20</u>
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 <u>Carlsbad</u>

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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

*RWP 10-30-19*

## Additional data for EC transaction #487154 that would not fit on the form

### Wells/Facilities, continued

Agreement	Lease	Well/Fac Name, Number	API Number	Location
NMNM102914	NMNM102914	SALT FLAT CC 20-29 FEDERAL C	00035-45050-00-X1	Sec 17 T24S R29E SESE 421FSL 1201FEL 32.211441 N Lat, 104.001846 W Lon
NMNM102914	NMNM102914	SALT FLAT CC 20-29 FEDERAL C	00035-45048-00-X1	Sec 17 T24S R29E SESE 421FSL 1271FEL 32.211441 N Lat, 104.002075 W Lon
NMNM102914	NMNM102914	SALT FLAT CC 20-29 FEDERAL C	00035-45049-00-X1	Sec 17 T24S R29E SESE 421FSL 1236FEL 32.211441 N Lat, 104.001961 W Lon

### 32. Additional remarks, continued

requirement.

3. Request Offline Intermediate Casing/Cementing Variance, see attached.
4. Update BOP Break Testing Request, Information and Plan
5. Update BOP/Wellhead Diagram

**Revisions to Operator-Submitted EC Data for Sundry Notice #487154**

	<b>Operator Submitted</b>	<b>BLM Revised (AFMSS)</b>
Sundry Type:	APDCH NOI	APDCH NOI
Lease:	NMNM17224	NMNM102914
Agreement:		
Operator:	OXY USA INC. P.O. BOX 50250 MIDLAND, TX 79710 Ph: 432-685-5717	OXY USA INCORPORATED 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521 Ph: 713.350.4816
Admin Contact:	DAVID STEWART SR. REGULATORY ADVISOR E-Mail: david_stewart@oxy.com Cell: 432-634-5688 Ph: 432-685-5717	DAVID STEWART SR. REGULATORY ADVISOR E-Mail: david_stewart@oxy.com Cell: 432.685.5717 Ph: 432.685.5717 Fx: 436.855.5742
Tech Contact:	DAVID STEWART SR. REGULATORY ADVISOR E-Mail: david_stewart@oxy.com Cell: 432-634-5688 Ph: 432-685-5717	DAVID STEWART SR. REGULATORY ADVISOR E-Mail: david_stewart@oxy.com Cell: 432.685.5717 Ph: 432.685.5717 Fx: 436.855.5742
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	PURPLE SAGE WOLFCAMP	PIERCE CROSSING-BONE SPRING PURPLE SAGE-WOLFCAMP (GAS)
Well/Facility:	SALT FLAT CC 20-29 FEDERAL COM 36H Sec 17 T24S R29E Mer NMP SESE 421FSL 1201FEL 32.211441 N Lat, 104.001849 W Lon	SALT FLAT CC 20-29 FEDERAL COM 36H Sec 17 T24S R29E SESE 421FSL 1201FEL 32.211441 N Lat, 104.001846 W Lon SALT FLAT CC 20-29 FEDERAL COM 34H Sec 17 T24S R29E SESE 421FSL 1271FEL 32.211441 N Lat, 104.002075 W Lon SALT FLAT CC 20-29 FEDERAL COM 35H Sec 17 T24S R29E SESE 421FSL 1236FEL 32.211441 N Lat, 104.001961 W Lon