B SUNDRY	UNITED STATES EPARTMENT OF THE IN UREAU OF LAND MANAC NOTICES AND REPOR	TS ON WEL	LS	eld Office Serial No. NMNM45236	NO. 1004-0137 January 31, 2018	
Do not use this form for proposals to drill or to reader in Artesia abandoned well. Use form 3160-3 (APD) for such proposals.				6. If Indian, Allottee	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2 1. Type of Well Soli Well Gas Well Other				7. If Unit or CA/Agr	<ol> <li>7. If Unit or CA/Agreement, Name and/or 1</li> <li>8. Well Name and No. IRIDIUM MDP1 28-21 FEDERAL CO</li> </ol>	
2. Name of Operator Contact: LESLIE REEVES OXY USA INCORPORATED E-Mail: LESLIE_REEVES@OXY.COM				9. API Well No. 30-015-45246-	9. API Well No. 30-015-45246-00-X1	
3a. Address3b. Phone No5 GREENWAY PLAZA SUITE 110Ph: 713-49HOUSTON, TX 77046-0521Ph: 713-49			-2492 I0. Field and Pool or Exploratory Area INGLE WELLS			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish	11. County or Parish, State	
Sec 33 T23S R31E NENE 276FNL 634FEL 32.267426 N Lat, 103.776260 W Lon				EDDY COUNT	Ύ, NM	
12. CHECK THE A	PPROPRIATE BOX(ES) T	TO INDICATI	E NATURE O	F NOTICE, REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
Notice of Intent	🗖 Acidize			Production (Start/Resume)	UWater Shut-O	
Subsequent Report	Alter Casing	• _ • •			U Well Integrit	
	Casing Repair	—		Recomplete	Other Drilling Operat	
□ Final Abandonment Notice	<ul> <li>Change Plans</li> <li>Convert to Injection</li> </ul>	🔲 Plug a:		<ul> <li>Temporarily Abandon</li> <li>Water Disposal</li> </ul>		
testing has been completed. Final Al determined that the site is ready for f 8/10/2019 RIH with 2-3/8" tbg	inal inspection.		, , , , , , , , , , , , , , , , , , ,			
			RECEIVED			
GC 12/9/19 Accepted for received - NMIOCED			DEC 0 3 2019			
	Accepted			DISTRICTIARTE	SIAO.C.D.	
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #49 For OXY USA I Imitted to AFMSS for proces	INCORPORATE	D, sent to the	Carlsbad	<u></u>	
Name (Printed/Typed) LESLIE R	EEVES	T	itle REGUL	ATORY ADVISOR	<u> </u>	
Signature (Electronic Submission)		Ľ	Date 11/14/2019			
	THIS SPACE FOR	R FEDERAL	OR STATE (	OFFICE USE		
Approved By			TitleAccepted for Record Date NOV 2			
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.				thon Shepard bad Fleld Office		
which would entitle the applicant to condu	er operations mereon.					