

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM40659

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

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION8. Well Name and No.
SAND DUNES 28 12. Name of Operator
OXY USA INCORPORATEDContact: LESLIE REEVES
E-Mail: LESLIE_REEVES@OXY.COM9. API Well No.
30-015-26194-00-S13a. Address
5 GREENWAY PLAZA SUITE 110
HOUSTON, TX 77046-05213b. Phone No. (include area code)
Ph: 713-497-249210. Field and Pool or Exploratory Area
SAND DUNES

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

Sec 28 T23S R31E NWSE 1980FSL 1980FEL

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 checked="" 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 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.

10/31/19 Performed 5 year MIT on subject well. Good test. Attached is radial chart.

Accepted for record - NMOCD

1-28-20 DS

RECEIVED

JAN 24 2020

EMNRD-OCD ARTESIA

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

Electronic Submission #493944 verified by the BLM Well Information System

For OXY USA INCORPORATED, sent to the Carlsbad

Committed to AFMSS for processing by PRISCILLA PEREZ on 12/03/2019 (20PP0545SE)

Name (Printed/Typed) LESLIE REEVES

Title REGULATORY ADVISOR

Signature (Electronic Submission)

Date 11/26/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

ACCEPTED

JONATHON SHEPARD
Title PETROLEUM ENGINEER

Date 12/05/2019

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 Carlsbad

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 ****

Revisions to Operator-Submitted EC Data for Sundry Notice #493944

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	MIT SR	MIT SR
Lease:	NMNM89819	NMNM40659
Agreement:		
Operator:	OXY USA INC PO 4294 HOUSTON, TX 77210 Ph: 713-497-2492	OXY USA INCORPORATED 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046-0521 Ph: 713.350.4816
Admin Contact:	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492
Tech Contact:	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492	LESLIE REEVES REGULATORY ADVISOR E-Mail: LESLIE_REEVES@OXY.COM Cell: 281-733-0824 Ph: 713-497-2492
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	SWD; DELAWARE	SAND DUNES
Well/Facility:	SAND DUNES 28 FEDERAL 1 Sec 28 T23S R31E Mer NMP NWSE 1980FSL 1980FEL 32.273597 N Lat, 103.780616 W Lon	SAND DUNES 28 1 Sec 28 T23S R31E NWSE 1980FSL 1980FEL

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary Designate

Todd E. Leahy, JD, PhD
Deputy Secretary

Gabriel Wade, Acting Director
Oil Conservation Division



Date: 10-31-19

API# 30-015-26194

A Mechanical Integrity Test (M.I.T.) was performed on, Well Sand Dunes 20 Feb SWD CO1

A M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating.

____ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.

No expectation of extension should be construed because of this test.

____ M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

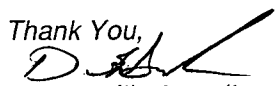
____ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

____ M.I.T. is successful, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact Rusty Klein at 575-748-1283 x109 for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You,


Dan Smolik, Compliance Officer

EMNRD-O.C.D.

District II - Artesia, NM

