

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

RECEIVED
OCT 10 2013
NMOCD, ARIZONA

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. **NMNM 25365**
6. If Indian, Allottee or Tribe Name **ARIZONA**

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other
2. Name of Operator **OXY USA Inc.** 16696
3a. Address **P.O. Box 50250
Midland, TX 79710**
3b. Phone No. (include area code) **432-685-5717**
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2160 FWL 150 FWL SWNW(E) Sec 25 T22S R31E

7. If Unit of CA/Agreement, Name and/or No.
8. Well Name and No. **Well 25 Federal #9H**
9. API Well No. **30-015-41459**
10. Field and Pool or Exploratory Area **Livingston Ridge Bone Springs**
11. County or Parish, State **Eddy 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"/> Fracture Treat	<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 Set csg & cement. Rig Release
	<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 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.)

9/7/13, drill 7-7/8" pilot hole to 10570', 9/11/13, condition hole, RIH w/ logs. Pump cmt plug w/ 300sx (66bbl) 50/50 Poz/H cmt from 10568-9630' followed by 240sx (38bbl) PP H cmt from 9630-9100' followed by 40bbl high vis plug from 9100-8250'. Pump 140sx (33bbl) 50/50 Poz/H cmt from 8250-7800' followed by 40bbl high vis plug from 7800-7300'. Pump 140sx (33bbl) 50/50 Poz/H cmt from 7300-6850' followed by 40bbl high vis plug from 6850-4500', PUH, WOC 9/14/13.

9/16/13, RIH & tag cmt @ 6923', drill, wash & ream to 9100'. Kickoff lateral @ 9100', drill to 14635'M 10489'V, 9/30/13. RIH w/ 5-1/2" 17# P110 BTC csg & set @ 14632' w/ POST @ 4639'. Cmt w/ 950sx (500bbl) C Tuned Light w/ additives 10.2ppg 2.96 yield followed by 680sx (201bbl) Super H w/ additives 13.2ppg, 1.66 yield with good returns while cementing, circ 2sx (1bbl) cmt to surface. Drop cancellation plug, pressure to 2890# to cancel tool. ND BOP, NUWH, test to 500#, tested OK, RD Rel Rig 10/3/13.

Accepted for record
NMOCD

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14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **David Stewart**
Title **Sr. Regulatory Advisor** david_stewart@oxy.com
Signature *David Stewart* Date **10/2/13**

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.