

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC048479B
2. Name of Operator OXY USA WTP LP		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 4294 HOUSTON, TX 77210		7. If Unit or CA/Agreement, Name and/or No. NMNM128925X
3b. Phone No. (include area code) Ph: 713-513-6640		8. Well Name and No. ARTESIA YESO FEDERAL UNIT 27Y
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R28E NENW 514FNL 1666FWL		9. API Well No. 30-015-42378
		10. Field and Pool, or Exploratory ARTESIA; GLORIETA-YESO
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input checked="" type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Well Integrity
	<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"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back

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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

5/31/14 ? LOAD CASING WITH 3 BBL FRESH WATER PRESSURE UP ON CASING TO 5000 PSI, HOLD PRESSURE FOR 30 MINUTES (GOOD) BLEED OFF PRESSURE, (STATE AND FEDERAL REGULATIONS REQUIRE PRESSURE TEST CASING AND RECORD RESULTS) WE PRESSURE TEST CASING TO 1500 PSI RUN A CHART FOR 30 MINUTES WITH A GOOD TEST.

6/18/2014 - 6/20/2014 ? 4645-47, 4631-34, 4569-70, 4538-39, 4428-30, 4370-72, 4346-48, 4310-11, 4246-48, 4195-96, 4156-58, , 4542-46, 4496-98, 4470-72; 2SPF (126 holes); 0.43" EHD. Fluid - 1,032,860 slickwater; 6,520 gals 15% HCl. Sand - 31,579 lbs 100 mesh; 630,063 lbs 40/70 brown SD  
6/25/2014 ? MIRU CLEANOUT RIG. BEGIN AFTER FRAC CLEANOUT.  
6/27/2014 ? COMPLETE AFTER FRAC CLEANOUT TO PBTD.  
7/02/2014 ? Run 2-7/8? J-55 tbg to 3768?. Run production equipment.

Accepted for record  
400 NMOCD 8-19-14

NM OIL CONSERVATION  
ARTESIA DISTRICT  
AUG 13 2014

RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #254923 verified by the BLM Well Information System For OXY USA WTP LP sent to the Carlsbad	
Name (Printed/Typed) JENNIFER A DUARTE	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 07/29/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	ACCEPTED FOR RECORD 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.

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE