

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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. NMLC065729
2. Name of Operator OXY USA WTP LP Contact: JENNIFER A DUARTE E-Mail: jennifer_duarte@oxy.com		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-513-6640	7. If Unit or CA/Agreement, Name and/or No. NMNM128925X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R28E NENE 929FNL 974FEL		8. Well Name and No. ARTESIA YESO FEDERAL UNIT 23
		9. API Well No. 30-015-41334
		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 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 checked="" 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 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 shall 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 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.)

5/24/14 ? 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 AND RECORD RESULTS) WE PRESSURE TEST CASING TO 1500 RUN A CHART FOR 30 MINUTES WITH A GOOD TEST.

7/05/2014 - 7/06/2014 ? 4706-07, 4640-42, 4590-94, 4550-54,

4375-77, 4357-58, 4318-19, 4306-07, 4192-94, 4170-72, 4086-90, 4030-32, 3980-82; 2SPF (138 holes); 0.43"

EHD. Fluid - 1,128,330 slickwater; 6,000 gals 15% HCl. Sand - 30,640 lbs 100 mesh; 635,220 lbs

40/70 brown SD

7/14/2014 ? MIRU CLEANOUT RIG. BEGIN AFTER FRAC CLEANOUT.

7/16/2014 ? COMPLETE AFTER FRAC CLEANOUT TO PBTD.

7/17/2014 ? 7/18/2014 ? Run 2-7/8? J-55 tbg to 4735?. Run production equipment.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

DEC 03 2014

Accepted for record

NMOC.D. 12/19/14

14. I hereby certify that the foregoing is true and correct.		<b>ACCEPTED FOR RECORD</b>	
Electronic Submission #256516 verified by the BLM Well Information System For OXY USA WTP LP, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 11/17/2014			
Name (Printed/Typed) JENNIFER A DUARTE	Title REGULATORY SPECIALIST		
Signature (Electronic Submission)	Date 08/11/2014		
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>			
Approved By _____		Title _____	
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.		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
		Date _____	
		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 \*\***