

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. NMMN86024
2. Name of Operator OXY USA INCORPORATED		6. If Indian, Allottee or Tribe Name
Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936 Fx: 432-685-5742	8. Well Name and No. CYPRESS 34 FEDERAL 11H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 34 T23S R29E NENW 150FNL 2000FWL 32.268057 N Lat, 103.974224 W Lon		9. API Well No. 30-015-42920
		10. Field and Pool, or Exploratory CEDAR CANYON BONE SPRING
		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 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
	<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 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.)

RU WL 2/27/15, RIH & tag RBP @ 8210', POOH w/ RBP, pressure test csg to 6200# for 30 min, good test, RD WL. 3/3/15 RU CTU RIH & Tag PBTD @ 13567'. RIH & perf @ 13510-13324, 13226-13030, 12932-12736, 12638-12442, 12344-12148, 12050-11854, 11756-11560, 11462-11266, 11168-10972, 10874-10678, 10580-10384, 10286-10090, 9992-9796, 9698-9502, 9404-9208' Total 540 holes. Frac in 15 stages w/ 1030634g Slick Water + 21568g 7.5% HCl acid + 14039g 15% HCl acid + 2078625g 15# BXL w/ 5226260# sand, RD C&J Energy Services. RIH & clean out well, tag up @ PBTD @ 13567', POOH, RIH with 2-7/8" tbg & pkr & set @ 8200', POOH, RIH w/gas lift, RD 3/18/15. Pump to clean up and test well for potential.

NM OIL CONSERVATION
ARTESIA DISTRICT
MAY 04 2015

Accepted for record

APD NMCCD 5/2/15

RECEIVED

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

Electronic Submission #297581 verified by the BLM Well Information System
For OXY USA INCORPORATED, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 04/20/2015

Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 04/08/2015

ACCEPTED FOR RECORD

APR 24 2015

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

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 ****