

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. NMNM62589 |
| 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: 432-634-5688 | 8. Well Name and No. FEDERAL 23 #4 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T22S R31E SESE 715FSL 657FEL | | 9. API Well No. 30-015-37336 |
| | | 10. Field and Pool, or Exploratory LIVINGSTON RIDGE DELAWARE |
| | | 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 checked="" 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 recompleate 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 recompleation 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 PU 12/12/11, POOH w/rods & pump, pressure test csg to 4250# for 30 min, good test. RIH & perf @ 7190-7185, 7163-7158, 7033-7028, 6990-6985, 6747-6737, 6675-6670, 6639-6634' Total 40 holes. Frac in 2 stages w/ 3000g 7.5% HCL ACID + 4000g TRT WTR + 12167g WF GR21 + 128171g DF 200R-16 W/229005# sand, RD Halliburton. RIH & clean out well, tag up PBTD @ 8424'. RIH with 2-7/8" tbg w/ TAC @ 6551'. RIH w/ 1-1/2" X 26' rod pump, pump to clean up and test well for potential.

NM OIL CONSERVATION
ARTESIA DISTRICT

AUG 11 2015

8/12/15
Accepted for record
NMOC

RECEIVED

| | | |
|--|------------------------------|---|
| 14. I hereby certify that the foregoing is true and correct. Electronic Submission #302654 verified by the BLM Well Information System For OXY USA INCORPORATED, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 06/15/2015 | | ACCEPTED FOR RECORD AUG 6 2015 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE |
| Name (Printed/Typed) DAVID STEWART | Title SR. REGULATORY ADVISOR | |
| Signature (Electronic Submission) | Date 05/22/2015 | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | |
| 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 **