

**NM OIL CONSERVATION**

UNITED STATES ARTESIA DISTRICT  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

SEP 21 2015

**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.*

RECEIVED

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0384625
2. Name of Operator OXY USA WTP LP Contact: DAVID STEWART E-Mail: david_stewart@oxy.com		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5717 Fx: 432-685-5742	7. If Unit or CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T21S R23E SESE 860FSL 660FEL 32.444750 N Lat, 104.617880 W Lon		8. Well Name and No. INDIAN BASIN C GAS FEDERAL COM 2
		9. API Well No. 30-015-31396
		10. Field and Pool, or Exploratory INDIAN BASIN UP PENN
		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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" 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.)

8/25/15 RUPU

8/26/15 NU BOP, POOH w/ tbg.

8/27/15 RIH w/ bit, collar and tbg, tag CIBP @ 6300', circ hole w/ 10# MLF, start to drill out CIBP, PUH to 5755'

8/28/15 Continue to drill out CIBP, clean out to 7553', POOH.

8/31/15 RIH & tag up @ 7553', circ hole w/ 10# MLF, M&P 40sx CL C cmt @ 7553', PUH, WOC.

9/1/15 Continue to POOH, well started flowing, pump 14.5# kill mud followed by 10# BW to kill well.

UD 9/23/15  
Accepted for record  
NMOCD

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #316778 verified by the BLM Well Information System For OXY USA WTP LP, sent to the Carlsbad</b>	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature  (Electronic Submission)	Date 09/17/2015

**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.

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

**Additional data for EC transaction #316778 that would not fit on the form**

**32. Additional remarks, continued**

RIH & tag cmt @ 7545', M&P 40sx CL C cmt @ 7545', PUH, WOC.

9/2/15 RIH & tag cmt @ 7545', M&P 40sx CL C cmt, PUH, WOC. RIH & tag cmt @ 7545', M&P 40sx CL C cmt, PUH, WOC.

9/3/15 RIH & tag cmt @ 7545', M&P 40sx CL C cmt, PUH, WOC. RIH & tag cmt @ 7545', M&P 40sx CL C cmt, PUH, WOC.

9/4/15 RIH & tag cmt @ 7545', M&P 40sx CL C cmt, PUH, WOC. RIH & tag cmt @ 7521', M&P 40sx CL C cmt @ 7521', PUH, WOC.

9/8/15 RIH & tag cmt @ 7521', M&P 40sx CL C cmt, PUH, WOC. RIH & tag cmt @ 7521', M&P 40sx CL C cmt, PUH, WOC.

9/9/15 RIH & tag cmt @ 7521', M&P 75sx CL C cmt, PUH, WOC. RIH & tag cmt @ 7521', M&P 200sx CL C cmt, PUH, WOC.

9/10/15 RIH & tag cmt @ 7521', M&P 6sx LCM pill followed by 90sx CL C cmt, PUH, WOC. RIH & tag cmt @ 6638'. Contact BLM, Yolanda Jordan-BLM approved setting CIBP @ 6300'. Start to POOH w/ tbg.

9/11/15 Continue to POOH, RIH w/ gauge ring to 6300', RIH & set CIBP @ 6300', worked through tight spot @ 5867', POOH.

9/14/15 RIH & tag CIBP @ 8500', circ hole w/ 10# MLF, test csg to 500#, held good. M&P 25sx CL C cmt to 6151', PUH to 5900', M&P 35sx CL C cmt, PUH, WOC.

9/15/15 RIH & tag cmt @ 5720', PUH to 5480', M&P 35sx CL C cmt, PUH, WOC. RIH & tag cmt @ 5279', PUH to 3194', M&P 30sx CL C cmt, PUH, WOC. RIH & tag cmt @ 3031', PUH to 1988', M&P 40sx CL C cmt, PUH, WOC.

9/16/15 RIH & tag cmt 1760', PUH to 1271', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 1141', PUH to 260', M&P 50sx CL C cmt, circ to surface, visually confirmed. ND BOP, top off csg, RDPU.