

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
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. NMNM94651
2. Name of Operator OXY USA INCORPORATED Contact: JANA MENDIOLA E-Mail: janalyn_mendiola@oxy.com		6. If Indian, Allottee or Tribe Name
3a. Address 5 GREENWAY PLAZA STE 110 HOUSTON, TX 77046-0521	3b. Phone No. (include area code) Ph: 432-685-5936 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 28 T24S R29E NESE 1820FSL 240FEL		8. Well Name and No. CEDAR CANYON 28 FEDERAL 6H
		9. API Well No. 30-015-43234-00-X1
		10. Field and Pool, or Exploratory PIERCE CROSSING
		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 Drilling Operations
	<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.)

10/04/15 drill 9-7/8" hole to 8000', 10/08/15. RIH & set 7-5/8" 29.7# L-80 BTC csg @ 7990', DVT @ 2981', ACP @ 3050', pump 40BFW spacer w/ red dye then cmt w/ 1330sx (691bbl) PPC w/ additives 10.2ppg 2.92 yield followed by 360sx (91bbl) PPH w/ additives 13.2ppg 1.65 yield, no cmt to surface. Inflate casing packer, drop DV opening cone & pump 2nd stage cmt as follows: Pump 20BFW spacer then 960sx (319bbl) PPC cmt @ 12.9ppg, 1.87 yield, followed by 200sx (47bbl) PPC cmt @ 14.8ppg, 1.33 yield, circ 48sx (25bbl) cmt to surf, drop cancellation plug, pressure up to 2175#, WOC. install packoff, test to 5000#, ND BOP. 10/09/15 prepare for skid to Cedar Canyon 27 Federal 6H.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

NOV 18 2015

U20 11/20/15  
Accepted for record  
NMOCD

RECEIVED

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

Electronic Submission #319822 verified by the BLM Well Information System  
For OXY USA INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/23/2015 (16JAS0724SE)

Name (Printed/Typed) DAVID STEWART	Title REGULATORY ADVISOR
Signature (Electronic Submission)	Date 10/14/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

**ACCEPTED FOR RECORD**

Approved By <u>/S/ DAVID R. GLASS</u>	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 representations as to any matter within its jurisdiction.

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***