

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

NMOCD
Artesia

5. Lease Serial No.
NMNM89819

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
PATTON MDP1 18 FEDERAL 23H

9. API Well No.
30-015-44316

10. Field and Pool or Exploratory Area
COTTON DRAW; BONE SPRING

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
OXY USA INC. Contact: SARAH MITCHELL
E-Mail: sarah_mitchell@oxy.com

3a. Address
P.O. BOX 50250
MIDLAND, TX 79710

3b. Phone No. (include area code)
Ph: 432-699-4318

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 18 T24S R31E Mer NMP NWNE 335FNL 2122FEL
32.223671 N Lat, 103.815250 W Lon

12. CHECK THE 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"/> Hydraulic Fracturing	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

9/10/2017 NU BOP, test @ 250 psi low, 500 psi high. Test csg @ 2250 psi for 30 min, good test. RIH & drill float collar @ 4335', drill new formation to 4400', perform FIT test to EMW = 13 PPG, 950 psi. Drill 8-1/2" hole (9/11/17) to 14917' M, 10285' V (9/23/17). RIH & set 5-1/2" 20# P-110 DQX csg @ 14911', pump 40 BBLs tuned spacer + 183 BBLs water spacer then cmt w/ 680 sxs (370 BBLs) PPC w/ additives 10.2 PPG, 3.052 yield followed by 970 sxs (284 BBLs) PPC w/ additives, 13.2 PPG, 1.645 yield, full returns throughout. Est TOC @ 3830' (550' inside intermediate csg shoe). Install pack off, pull test to 50K, good test. Test seals to 5000 psi, good test. Install night cap.

Accepted for record - NMOCD

NM OIL CONSERVATION
ARTESIA DISTRICT
NOV 07 2017
RECEIVED

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

Electronic Submission #392272 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/18/2017

Name (Printed/Typed) DAVID STEWART Title SR. REGULATORY ADVISOR

Signature (Electronic Submission) Date 10/17/2017

ACCEPTED FOR RECORD
OCT 18 2017
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

(Instructions on page 2)

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