

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Artesia

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2		5. Lease Serial No. NMNM031963
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. PATTON MDP1 17 FEDERAL 6H	
2. Name of Operator OXY USA INC.	Contact: SARAH MITCHELL E-Mail: sarah_mitchell@oxy.com	9. API Well No. 30-015-44445
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-699-4318	10. Field and Pool or Exploratory Area COTTON DRAW; BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 8 T24S R31E Mer NMP SESE 427FSL 177FEL 32.225775 N Lat, 103.791876 W Lon		11. County or Parish, State EDDY COUNTY, NM

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 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.

12/23/17 NU BOP, test @ 250 psi low, 5000 psi high, good test. Pressure test 13-3/8" csg to 1500 psi for 30 min, good test. RIH & tag cmt @ 645', drill new formation to 730', perform FIT EMW = 17.5 PPG. Drill 12-1/4" hole to 4420' (12/25/17). RIH w/ 9-5/8" 47#, L80 BTC csg and set @ 4406', pump 30 BBLs gel spacer, then cmt w/ 1415 sks (456 BBLs) PPC w/ additives, 12.9 PPG, 1.81 yield, followed by 155 sks (37 BBLs) PPC w/ additives, 14.8 PPG, 1.33 yield. Circ. 39 BBLs to surface. Pressure test csg to 4800 psi for 30 minutes, good test. Install pack off, install skidding cap, and release rig (12/27/17).

NM OIL CONSERVATION
ARTESIA DISTRICT

JAN 16 2018

Accepted for record - NMOCD

RECEIVED

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #399621 verified by the BLM Well Information System For OXY USA INC., sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/04/2018 ()	
Name (Printed/Typed) DAVID STEWART	Title SR. REGULATORY ADVISOR
Signature (Electronic Submission)	Date 01/04/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

2018

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 **