| | UNITED STATE EPARTMENT OF THE I | s Cai NTERIOR | isbad | Fĭ | eid (| | ORM A MB NO ires: Jan | PPROVED 1004-0137 uary 31, 2018 | |
|---|--|--|--|--|---|---|--------------------------------------|---------------------------------------|--|
| Form 3160-5 (June 2015) UNITED STATES Carisbad Field (DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD Artesia | | | | | | 5. Lease Serial No. NMNM53229 | | | |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. | | | | | | | 6. If Indian, Allottee or Tribe Name | | |
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | | | 7. If Unit or CA/Agreement, Name and/or No. | | | |
| 1. Type of Well Gas Well Other | | | | | | 8. Well Name and No. CEDAR CANYON 29 FEDERAL COM 24H | | | |
| 2. Name of Operator Contact: JANA MENDIOLA OXY USA INCORPORATED E-Mail: janalyn_mendiola@oxy.com | | | | | | 9. API Well No. 30-015-44521-00-X1 | | | |
| 3a. Address 5 GREENWAY PLAZA SUITE HOUSTON, TX 77046-0521 | 3b. Phone No Ph: 432-68 | No. (include area code) 685-5936 | | | 10. Field and Po PIERCE C | 10. Field and Pool or Exploratory Area PIERCE CROSSING | | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | | | 11. County or Parish, State | | | |
| Sec 29 T24S R29E NWSW 1670FSL 420FWL 32.185727 N Lat, 104.013802 W Lon | | | | | | EDDY COUNTY, NM | | | |
| 12. CHECK THE AP | PPROPRIATE BOX(ES) | TO INDICA | TE NATURE | E OF N | NOTICE | , REPORT, OR | OTH | ER DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | | | | |
| Notice of Intent | Acidize | 🗖 Dee | 🗖 Deepen | | Production (Start/Resume) | | ie) | UWater Shut-Off | |
| Subsequent Report | Alter Casing | | Iraulic Fracturin | cturing 🔲 Recla | | ation | | U Well Integrity | |
| | Casing Repair | - | New Construction | | C Recomplete | | | Other Hydraulic Fracture | |
| Final Abandonment Notice | Change Plans Convert to Injection | Plug and Abandon Plug Back | | | Temporarily Abandon Water Disposal | | | | |
| following completion of the involved testing has been completed. Final At determined that the site is ready for f RUPU 1/18/18, RIH & clean o RIH & perf @ 13221-13045, 1 12015-11839, 11814-11638, 1 10608-10432, 10407-10231, 1 9000-8824, 8799-8623' Total HCl acid w/ 6932683# sand, F well for potential. | bandonment Notices must be fil inal inspection. 4000 000000000000000000000000000000000 | ed only after all essure test cs 13, 12618-124 36, 11211-11 9, 9804-9628 ages w/ 5531 | requirements, inc g to 9800# for 142, 12417-12 035, 11010-10 , 9603-9427, 9 144g Slick Wa | cluding or 30 m 2241, 0834, 9402-9 ater + | reclamation nin, good 12216-12 10809-1 9226, 92 23016q | on, have been comp test. 2040, 0633, 01-9025, 7.5% | leted and | | |
| GC S-27-18 Accepted for record - NMOCD MAY 23 2018 | | | | | | | | | |
| | | .p.c .cc. | | J | | | | | |
| 14. I hereby certify that the foregoing is | true and correct | | | | | DISTRI | CT II-/ | RTESIA O.C.D. | |
| | Electronic Submission # | | TED, sent to the SCILLA PEREZ | the Ca Z on 0 | risbad 5/15/2018 | (18PP1710SE) | | | |
| Name (Printed/Typed) DAVID STEWART Title REGULATOR | | | | | | VISOR | | | |
| Signature (Electronic Submission) Date 05/03/2018 | | | | | | | | <u></u> | |
| | THIS SPACE FO | OR FEDERA | L OR STAT | E-OF | FICE U | SE TOP PECC | non | | |
| Approved By | | | Title | | | |] | Date | |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent which would entitle the applicant to condu- | | Office | | MAY | 1 5 2018 | | • | | |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s | U.S.C. Section 1212, make it a statements or representations as | crime for any pe to any matter w | rson knowingly a ithin its jurisdiction | and-wil ionURE | II fully to m AU OF L <i>!</i> | ako-to-any-departm AND MANAGEME | ent or ag | ency of the United | |
| (Instructions on page 2) ** BLM REV | ISED ** BLM REVISEI | D ** BLM RI | EVISED ** B | | | D ** BLM REV | ISED | ** | |