

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

OXY USA Inc.

3a. Address

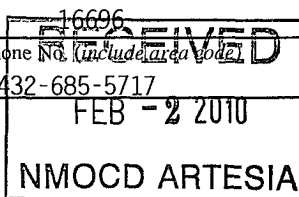
P.O. Box 50250, Midland, TX 79710-0250

3b. Phone No. (include area code)

432-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1721 FNL 540 FEL SENE (H) Sec 29 T23S R31E



5. Lease Serial No.

NMNM0281482A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Mobil Federal #2

9. API Well No.

30-015-37335

10. Field and Pool, or Exploratory Area

Sand Dunes Delaware, West

11. County or Parish, State

Eddy NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Acidize                 | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off         |
| <input type="checkbox"/> Alter Casing            | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity         |
| <input type="checkbox"/> Casing Repair           | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other Amend |
| <input checked="" type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | Intermediate/Prod                               |
| <input type="checkbox"/> Convert to Injection    | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            | Casing & Cementing                              |

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 recompleat 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 recompleat 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 final site is ready for final inspection.)

See attached.



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

David Stewart

Title

Sr. Regulatory Analyst

Date

1/21/10

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, makes 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.

**OXY USA Inc.**  
**Mobil Federal #2**  
**API No. 30-015-37335**

**1. Cementing Program (Changes from Original APD):**

**Intermediate Interval**

Interval	Amount sx	Ft of Fill	Type	Gal/Sx	PPG	Ft3/sx
<b>Intermediate (TOC: 0' - Surface)</b>						
<b>Lead:</b> 0' – 3521' (150% Excess)	930	3521'	Halliburton Light Premium Plus + 5 pps Salt + 5 pps Gilsonite + 0.125 pps Poly-E-Flake	9.57	12.9	1.88
<b>Tail:</b> 3521'– 4000' (150% Excess)	200	479'	Halliburton Premium Plus + 1% WellLife 734	6.38	14.8	1.34

**Production Interval**

Interval	Amount sx	Ft of Fill	Type	Gal/Sx	PPG	Ft3/sx
<b>Production (TOC: 5900') 1<sup>st</sup> Stage</b>						
<b>Lead:</b> 5900'– 8300' (100% Excess)	530	2,400'	Halliburton Super H + 5 pps Gilsonite + 1 pps Salt + 0.5% Halad-344 + 0.4% CFR-3 + 0.3% HR-800	7.89	13.2	1.62
<b>Two Stage DV Tool @ 5900'</b>						
<b>Production (TOC: 4050') 2<sup>nd</sup> Stage</b>						
<b>Lead:</b> 4050'– 5900' (200% Excess)	600	1850'	Halliburton Super H + 0.5 % Halad- 344 + 0.4% CFR-3 + 5 pps Gilsonite + 1pps Salt	7.88	13.2	1.62
<b>Pack Off Stage Tool (P.O.S.T) @ 4050'</b>						
<b>Production (TOC: Surface) 3rd Stage</b>						
<b>Lead:</b> 0' – 3554' (35% Excess)	430	3554'	Halliburton Light Premium Plus	11.29	12.4	2.01
<b>Tail:</b> 3554'– 4050' (35% Excess)	100	496'	Halliburton Premium Plus Cement	6.34	14.8	1.33

**Cement Summary:**

Casing	Hole Size	Interval	TOC	Comp.Strength (24 hrs)
8 5/8" 32# J55 LTC	10 5/8"	0' – 4000'	Surface	650 psi Lead 1343 psi Tail
5 1/2" 17# J-55, LTC	7 7/8"	0' – 8,300'	Surface	560 psi Lead 1536 psi Tail