

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

AUG 25 2010

MMCD 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.

5. Lease Serial No.

NMNM19848 *ck*

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Cypress 33 Federal #4H

9. API Well No.

30-015-37368

10. Field and Pool, or Exploratory Area  
Cedar Canyon Bone Spring

11. County or Parish, State

Eddy NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

OXY USA Inc.

16696

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)

SL - 1490 FNL 250 FEL SENE(H) Sec 33 T23S R29E

TL - 1957 FNL 418 FWL SWNW(E) Sec 33 T23S R29E

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

☐ Acidize

☐ Deepen

☐ Production (Start/Resume)

☐ Water Shut-Off

☐ Alter Casing

☐ Fracture Treat

☐ Reclamation

☐ Well Integrity

☐ Casing Repair

☐ New Construction

☐ Recomplete

☒ Other Completion

☐ Change Plans

☐ Plug and Abandon

☐ Temporarily Abandon

☐ Convert to Injection

☐ Plug Back

☐ 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation 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.)

Drill out DV Tools and clean out to PBTD @ 11728'M. Run CBL, spot 5000 gal 7-1/2% acid. Perf @ 7950'(6), 8100'(6), 8300'(6), 8500'(6), 8700'(6), 8900'(6), 9100'(6), 9300'(6), 9400'(6), 9500'(6), 9700'(6), 9900 (6), 10100'(6), 10300'(6), 10500'(6), 10700'(6), 10900'(6), 11000'(6), 11300'(6), 11500'(6), 11700'(6) 126 holes w/ EHD=.34". Close BOP and Lock Rams - Frac in five stages w/ a total of 256444g Water Frac GR10 + 20000g 7-1/2% HCl Acid + 538639g Delta Frac 200 R 21 w/ 988800# sand, RD Halliburton RU Arc, flow back load and test from 6/4-6/18/10. Clean out and fish, complete well and put on-line 7/20/10,

ACCEPTED FOR RECORD

AUG 20 2010

/s/ Roger Hall

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

David Stewart

Title

Sr. Regulatory Analyst

Date

7/29/10

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.

UNITED STATES  
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NMOC-ARTESIA

FORM APPROVED  
OMB NO. 1004-0137  
Expires: November 30, 2000

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NM19848 OK							
b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other		6. If Indian, Allottee or Tribe Name							
2. Name of Operator OXY USA Inc.		7. Unit or CA Agreement Name and No.							
3. Address P.O. Box 50250 Midland, TX 79710 16696		8. Lease Name and Well No. Cypress 33 Federal #4H							
3a. Phone No. (include area code) 432-685-5717		9. API Well No. 30-015-37368							
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 1490 FNL 250 FEL SENE(H) At top prod. interval reported below 1799 FNL 984 FEL SENE(H) At total depth 1957 FNL 418 FWL SWNW(E)		10. Field and Pool, or Exploratory Cedar Canyon Bone Spring							
14. Date Spudded 3/15/10		11. Sec., T., R., M., or Block and Survey or Area Sec 33 T23S R29E							
15. Date T.D. Reached 4/8/10		12. County or Parish Eddy							
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 6/1/10		13. State NM							
17. Elevations (DF, RKB, RT, GL)* 3005.7' GL									
18. Total Depth: MD 11835' TVD 7702'		19. Plug Back T.D.: MD 11728' TVD 7702'							
20. Depth Bridge Plug Set. MD TVD									
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GRVCCLE\VDL\MIL\CBLL		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)							
23. Casing and Liner Record (Report all strings set in well)									
Hole Size	Size/Grade	Wt. (#ft)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No of Skis & Type of Cement	Slurry Vol. (BBL)	Cement, Top*	Amount Pulled
17-1/2"	13-3/8"	H40-48	0	555'	---	610	190	Surface	N/A
12-1/4"	9-5/8"	L80-47	0	2948'	---	910	314	Surface	N/A
8-1/2"	5-1/2"	L80-17	0	11825'	5003-3031'	2990	974	Surface	N/A
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2-3/8"	6765'								
25. Producing Intervals									
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status			
A) Bone Springs	7950'	11700'	7950-11700'	.34	126	open			
B)									
C)									
D)									
26. Perforation Record									
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.									
Depth Interval	Amount and Type of Material								
7950-11700'	256444g WF-GR10 + 20000g 7-1/2% HCl acid + 538639g DF 200-R21 w/ 988800g sand								
AUG 20 2010									
/s/ Roger Hall									
BUREAU OF LAND MANAGEMENT									
CARLSBAD FIELD OFFICE									
flowing									
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	
6/4/10	7/28/10	24	→	504	1275	385	32.0		
Choke Size	Tbg. Press Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
22/64	925		→	504	1275	385	2530	Active	
28a Production-Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
			→						

(See instructions and spaces for additional data on reverse side)