

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.  
NMNM0175774

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. LUSK 28 WEST FED COM 2H
2. Name of Operator OCCIDENTAL PERMIAN LTD Contact: JENNIFER A DUARTE E-Mail: jennifer_duarte@oxy.com		9. API Well No. 30-025-41256
3a. Address PO BOX 4294 HOUSTON, TX 77210	3b. Phone No. (include area code) Ph: 713-513-6640	10. Field and Pool, or Exploratory LUSK BONE SPRING SOUTH
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T19S R32E SESW 103FSL 2313FWL		11. County or Parish, and State LEA COUNTY, NM

**HOBBS OGD**  
**MAR 17 2015**  
**RECEIVED**

**12. CHECK 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 checked="" type="checkbox"/> Fracture Treat	<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 type="checkbox"/> Other
	<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 shall 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 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 site is ready for final inspection.)

11/02/14 Tested csg to 9800 psi Per BLM Requirements. Tested good for 30 min.  
 11/02/14 - 12/09/14 ? Perforations 9,635 ? 9,825; 9,950 ? 10,140; 10,240 ? 10,430; 10,530 ? 10,720;  
 10,820 ? 11,010; 11,110 ? 11,300; 11,400 ? 11,590; 11,695 ? 11,880; 11,980 ? 12,170; 12,270 ?  
 12,460; 12,560 ? 12,750; 12,846 ? 13,040; 13,140 ? 13,330; 13,430 ? 13,620; 13,720 ? 13,910;  
 14,010 ? 14,200 ? (Total 672 holes - 6 spf - 60 deg phase - 0.43" hole diameter)  
 Fluid - 4,753 bbls 15# linear gel pre-pad; 56,835 bbls 15# crosslinked gel; 1,164 bbls 15% HCl;  
 4,934 bbls treated water  
 Proppant ? 134,700 lbs Ottawa 30/50 sand; 2,498,658 lbs Ottawa 20/40 sand; 1,477,080 lbs resin coated 20/40 sand  
 12/16/14 ? MIRU workover unit. Begin after frac cleanout.  
 12/20/14 ? Complete after frac cleanout to pbt.  
 01/05/15 ? Run 2-7/8? L-80 tbg and packer to 8,740?.

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

**Electronic Submission #289270 verified by the BLM Well Information System For OCCIDENTAL PERMIAN LTD, sent to the Hobbs, Committed to AFMSS for processing by LINDA JIMENEZ on 02/11/2015.**

Name (Printed/Typed) JENNIFER A DUARTE	Title REGULATORY SPECIALIST	<b>APPROVED FOR RECORD</b> <b>MAR 13 2015</b>
Signature (Electronic Submission)	Date 01/25/2015	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>		
Approved By _____	Title	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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.		
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.		

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

APR 16 2015

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