

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
Hobbs

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**

SEP 22 2017

RECEIVED

|                                                                                                                                  |                                                       |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |                                                       | 5. Lease Serial No.<br>NMNM111418                  |
| 2. Name of Operator<br>OXY USA INC                                                                                               |                                                       | 6. If Indian, Allottee or Tribe Name               |
| Contact: THALIA HIMES<br>E-Mail: Thalia_Himes@oxy.com                                                                            |                                                       | 7. If Unit or CA/Agreement, Name and/or No.        |
| 3a. Address<br>5 GREENWAY PLAZA SUITE 110<br>HOUSTON, TX 77046                                                                   | 3b. Phone No. (include area code)<br>Ph: 713-215-7912 | 8. Well Name and No.<br>FOXGLOVE 29 FEDERAL COM 6H |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 29 T23S R33E NWNE 340FNL 1660FEL                   |                                                       | 9. API Well No.<br>30-025-41850                    |
|                                                                                                                                  |                                                       | 10. Field and Pool or Exploratory Area<br>TRIPLE X |
|                                                                                                                                  |                                                       | 11. County or Parish, State<br>LEA 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 Venting and/or Flaring |
|                                                       | <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 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 must 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 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.

OXY USA INC., respectfully reports that the above location ended the 90 days of flaring from June 12, 2017 to September 10, 2017 that was caused by an OXY compressor down, Targa sales line closed and Targa high line pressure, Foxglove 5 comp down for repair, and power outage due to storm.  
Total Flare = 6312.2 mcf

June? 3770.4 mcf  
July ? 2541.8mcf  
August ? 0 mcf  
September - 0 mcf

|                                                                                                                                                                                                                                                           |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 14. I hereby certify that the foregoing is true and correct.<br>Electronic Submission #388073 verified by the BLM Well Information System<br>For OXY USA INC, sent to the Hobbs<br>Committed to AFMSS for processing by JENNIFER SANCHEZ on 09/18/2017 () |                 |
| Name (Printed/Typed) THALIA HIMES                                                                                                                                                                                                                         | Title HES TECH  |
| Signature (Electronic Submission)                                                                                                                                                                                                                         | Date 09/12/2017 |

**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 _____                                                                                                                                                                                                                                              |             |            |

ACCEPTED FOR RECORD  
SEP 13 2017  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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 \*\***

Accepted for Record Only

MSB/ocp 9/27/2017