

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.*

AMOC Copy

**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		5. Lease Serial No. NMNM107395
2. Name of Operator OXY USA INC.		6. If Indian, Allottee or Tribe Name
Contact: JANA LYN MENDIOLA E-Mail: janalyn_mendiola@oxy.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 50250 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-685-5936 Fx: 432-685-5742	8. Well Name and No. FOXGLOVE 29 FEDERAL 5H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T23S R33E NENW 340FNL 1980FWL 32.281915 N Lat, 103.596003 W Lon		9. API Well No. 30-025-41828
		10. Field and Pool, or Exploratory TRIPLE X BONE SPRING
		11. County or Parish, and State LEA COUNTY COUNTY, NM

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Drilling Operations

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 site is ready for final inspection.)

9/23/14 Drill 7-7/8" hole to 15612'M 11153'V, 10/9/14. RIH & set 5-1/2" 20# P110 Patriot TC csg @ 15611', DVT @ 5242'. Pump 50bbl tuned spacer then cmt w/ 1020sx (666bbl)PPC w/ additives @ 9.7ppg 3.668 yield followed by 760sx (224bbl) PPH w/ additives @ 13.2ppg 1.66 yield, with partial returns, but no cmt to surface. Attempted to inflate casing packer. Pressure to 3700# decreased to 1200#. Pressured back up to 4200# to inflate packer & pressure bled off again indicating packer may have ruptured. Drop DV opening cone & circ, got 76sx (50bbl) cmt to surface. Pump 2nd stage cmt as follows: Pump 20bbl spacer then 70sx (25bbl) PPC cmt @ 12.4ppg, 2.069 yield. Pump 80sx (19bbl) tail cmt @ 14.8ppg, 1.326 yield. Drop DV closing plug. Displace w/ 10ppg brine @ 3bpm & 150#. Lost circulation 112bbl into 115bbl displacement. Calc TOC @ 4139'.

ND BOP, test tubing head to 5000# for 15min, tested good. RD Rel Rig 10/13/14.

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #274354 verified by the BLM Well Information System	
For OXY USA INC., sent to the Hobbs		Committed to AFMSS for processing by LINDA JIMENEZ on 02/24/2015	
Name (Printed/Typed)	DAVID STEWART	Title	SR REGULATORY ADVISOR
Signature	(Electronic Submission)	Date	10/28/2014
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By		Title	
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.		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
		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.

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

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