August 2007) C ab	BUNDRY	UNITED STATES PARTMENT OF THE IN JREAU OF LAND MANAG NOTICES AND REPOR s form for proposals to a I. Use form 3160-3 (APE	UTERIOR GEMENT RTS ON WELLS MAR drill or to re-enter an b) for such proposals.	BS OCD 1 6 2015	OMB N	APPROVED IO. 1004-0135 July 31. 2010 or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. FOXGLOVE 29 FEDERAL COM 6H	
2. Name of Operator OXY USA INCORPORATED E-Mail: janalyn_mendiola@oxy.com					9. API Well No. 30-025-41850	
3a. Address P.O. BOX 50250 MIDLAND, TX 79710			Phone No. (include area code) 10. Field and Pool, h: 432-685-5936 TRIPLE X BO x: 432-685-5742 TRIPLE X BO			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 29 T23S R33E NWNE 340FNL 1660FEL 32.281904 N Lat, 103.590701 W Lon					LEA COUNTY, NM	
12. (CHECK APPE	COPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, RI	EPORT, OR OTHE	R DATA
TYPE OF SUBN	MISSION	TYPE OF ACTION				
☐ Notice of Intent ⊠ Subsequent Report	.t		Deepen	Production (Start/Resume)		□ Water Shut-Off
		Alter Casing	Fracture Treat	Reclamation We		Well Integrity
	port	🗖 Casing Repair	New Construction	Recomplete		🛛 Other
🗖 Final Abandon	ment Notice	Change Plans	Plug and Abandon	🗖 Tempor	Temporarily Abandon	
		Convert to Injection	Plug Back	🗖 Water I	Disposal	
If the proposal is to Attach the Bond un following completic	deepen directiona der which the wor on of the involved npleted. Final Ab	Illy or recomplete horizontally, g k will be performed or provide operations. If the operation res	t details, including estimated startin give subsurface locations and measu the Bond No. on file with BLM/BL/ ults in a multiple completion or rec d only after all requirements, include	ared and true ve Required sub completion in a l	ertical depths of all pertine bsequent reports shall be new interval, a Form 316	nent markers and zones. Filed within 30 days 50-4 shall be filed once

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Title SR. REGULATORY ADVISOR								
Date 03/12/2015								
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Title	Date							
Office								
	of the United							
	A							
APR 0 2	2015' M							
	Date 03/12/2015 AL OR STATE OFFICE USE Title Office Derson knowingly and willfully to make to any department or agency within its jurisdiction. Description Descri							